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<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	Continental General Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
<b>Product Name:</b>	Long Term Care		
<b>Project Name/Number:</b>	CGI 420 LTC RATE INCREASE FILING, 2017/		

## Filing at a Glance

Company:	Continental General Insurance Company
Product Name:	Long Term Care
State:	Pennsylvania
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.002 Non Qualified
Filing Type:	Rate - Other (Not M.U. or G.I. Product)
Date Submitted:	11/22/2017
SERFF Tr Num:	GLTC-131216152
SERFF Status:	Assigned
State Tr Num:	GLTC-131216152
State Status:	Received Review in Progress
Co Tr Num:	CGI 420 LTC RATE INCREASE FILING, 2017
Implementation	On Approval
Date Requested:	
Author(s):	Deborah Keeler, Stephanie Entzminger, Beth Lovaas, Jane Cundiff, Cameron Zima, Eric Coldewey
Reviewer(s):	Jim Laverty (primary)
Disposition Date:	
Disposition Status:	
Implementation Date:	
State Filing Description:	
Proposed aggregate 91.8% increase on 140 PA policyholders of Continental General's individual LTC forms 405, 420, and 432.	

**State:** Pennsylvania **Filing Company:** Continental General Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.002 Non Qualified  
**Product Name:** Long Term Care  
**Project Name/Number:** CGI 420 LTC RATE INCREASE FILING, 2017/

## General Information

Project Name: CGI 420 LTC RATE INCREASE FILING, 2017 Status of Filing in Domicile:  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: 91.8% Filing Status Changed: 11/28/2017  
State Status Changed: 11/28/2017  
Deemer Date: Created By: Eric Coldewey  
Submitted By: Eric Coldewey Corresponding Filing Tracking Number:  
State TOI: LTC03I Individual Long Term Care

Filing Description:

Dear Sir or Madam:

Enclosed for your review, please find copies of an Actuarial Memorandum and rate sheets in support of the current proposed increases on the above-referenced Individual Long-Term Care Insurance products. Detailed information regarding the calculation of the current proposed rate increases is given within the enclosed Actuarial Memorandum.

The base rate increase applies to the base policy and all applicable benefit riders for which a premium is paid. In addition to a base rate increase, an increase is being requested on the Inflation Guard Rider percentage load. The rate increases will be effective on the first premium due date subsequent to state insurance department approval and in accordance with state policyholder notification requirements, with the additional condition that no policyholder will receive a rate increase sooner than one year after receiving a prior rate increase, if applicable.

This filing applies to inforce policies issued in this state. The above-referenced policy forms are Individual Long-Term Care Insurance products, which are no longer being sold.

Enclosed are any necessary certifications, transmittals and/or filing fees as may be required by your state. I hope that with this information, your approval of this filing will be forthcoming. If you have any questions or need additional information, please feel free to contact me.

Sincerely,

Stephanie Entzminger, FSA, MAAA  
Associate Actuary  
Continental General Insurance Company  
11001 Lakeline Blvd, Suite 120  
Austin, Texas 78717

## Company and Contact

### Filing Contact Information

Stephanie Entzminger, Senior Actuarial Analyst I stephanie.entzminger@continental-ins.com

**State:** Pennsylvania **Filing Company:** Continental General Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.002 Non Qualified  
**Product Name:** Long Term Care  
**Project Name/Number:** CGI 420 LTC RATE INCREASE FILING, 2017/

11001 Lakeline Blvd. 512-410-0854 [Phone]  
Suite 120 512-257-0218 [FAX]  
Austin, TX 78717

**Filing Company Information**

Continental General Insurance Company  
11001 Lakeline Blvd  
Suite 120  
Austin, TX 78717  
(866) 830-0607 ext. [Phone]

CoCode: 71404  
Group Code: 84  
Group Name:  
FEIN Number: 47-0463747

State of Domicile: Texas  
Company Type: Life & Health  
State ID Number:

**Filing Fees**

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? Yes  
Fee Explanation: Texas rate filing fee is \$100.00.  
Per Company: Yes

Company	Amount	Date Processed	Transaction #
Continental General Insurance Company	\$100.00	11/22/2017	131811357

<b>SERFF Tracking #:</b>	GLTC-131216152	<b>State Tracking #:</b>	GLTC-131216152	<b>Company Tracking #:</b>	CGI 420 LTC RATE INCREASE FILING, 2017
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<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	Continental General Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
<b>Product Name:</b>	Long Term Care		
<b>Project Name/Number:</b>	CGI 420 LTC RATE INCREASE FILING, 2017/		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	20.000%
<b>Effective Date of Last Rate Revision:</b>	05/07/2015
<b>Filing Method of Last Filing:</b>	SERFF
<b>SERFF Tracking Number of Last Filing:</b>	

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Continental General Insurance Company	91.800%	91.800%	\$485,224	140	\$528,642	137.500%	36.700%

<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	Continental General Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
<b>Product Name:</b>	Long Term Care		
<b>Project Name/Number:</b>	CGI 420 LTC RATE INCREASE FILING, 2017/		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		405 Rate Sheets - PA	405	Revised	Previous State Filing Number: GLTC-129754122 Percent Rate Change Request: 91.8	405 Rate Sheets - PA.pdf,
2		420 Rate Sheets - PA	420	Revised	Previous State Filing Number: GLTC-129754122 Percent Rate Change Request: 91.8	420 Rate Sheets - PA.pdf,
3		432 Rate Sheets - PA	432	Revised	Previous State Filing Number: GLTC-129754122 Percent Rate Change Request: 91.8	432 Rate Sheets - PA.pdf,

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 405****Annual Premiums Per \$10 of Daily Benefit**

<b>0 Day Elimination</b>							<b>20 Day Elimination</b>						
<b>Base Plan</b>			<b>Inflation Guard</b>				<b>Base Plan</b>			<b>Inflation Guard</b>			
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	115	146	161	40	60	68	55 & Under	111	141	157	37	57	66
56	131	172	186	49	71	84	56	122	161	179	47	68	82
57	141	183	197	53	82	97	57	131	175	193	49	78	93
58	150	193	217	60	89	104	58	141	186	208	57	84	102
59	161	208	235	66	100	119	59	153	197	228	64	93	111
60	172	224	254	71	108	131	60	161	215	246	68	102	122
61	183	243	276	82	119	146	61	175	234	265	75	111	141
62	195	261	303	89	131	164	62	186	252	288	84	122	159
63	214	283	332	100	146	183	63	195	270	321	93	139	177
64	228	310	363	108	161	201	64	215	296	347	102	153	193
65	250	339	407	115	177	224	65	234	327	389	111	168	215
66	270	376	451	128	193	250	66	254	358	433	119	186	239
67	299	414	507	141	214	272	67	279	400	485	131	201	261
68	329	464	568	153	234	303	68	308	438	544	142	221	288
69	361	513	635	168	254	332	69	336	485	608	157	243	318
70	400	568	708	183	272	361	70	369	540	681	172	261	345
71	436	626	790	193	296	392	71	407	597	757	183	283	376
72	476	694	881	208	321	422	72	443	657	847	193	303	407
73	518	761	978	224	339	454	73	485	725	933	208	325	436
74	564	836	1,082	235	363	485	74	529	792	1,035	221	345	467
75	615	918	1,190	252	385	518	75	571	869	1,142	234	365	495
76	668	1,000	1,310	261	407	551	76	622	951	1,254	246	385	526
77	721	1,090	1,436	272	422	571	77	675	1,035	1,372	257	403	551
78	783	1,181	1,564	287	440	593	78	728	1,122	1,500	265	420	569
79	843	1,278	1,694	296	456	615	79	783	1,212	1,622	272	433	588

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
 Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
 Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 405****Annual Premiums Per \$10 of Daily Benefit**

<b>100 Day Elimination</b>							<b>180 Day Elimination</b>						
<b>Base Plan</b>				<b>Inflation Guard</b>			<b>Base Plan</b>				<b>Inflation Guard</b>		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	104	131	146	37	53	60	55 & Under	97	119	139	33	47	57
56	115	150	168	46	64	75	56	108	139	157	37	57	71
57	120	159	179	47	68	84	57	111	146	168	46	64	78
58	131	172	193	53	78	93	58	119	157	179	47	71	86
59	141	183	208	57	84	104	59	128	168	193	53	77	100
60	150	195	224	64	93	115	60	135	179	208	57	84	108
61	159	208	246	68	102	128	61	142	190	228	64	93	119
62	172	228	265	78	111	142	62	157	204	250	68	104	135
63	183	246	288	84	122	161	63	164	221	268	75	111	150
64	195	268	321	93	139	177	64	179	243	296	84	122	164
65	214	290	354	102	153	195	65	193	265	329	89	139	183
66	234	325	396	111	168	217	66	208	288	365	100	150	197
67	254	358	440	119	183	239	67	232	325	411	108	164	221
68	279	396	495	131	197	261	68	252	354	456	115	179	243
69	308	438	553	141	215	287	69	272	396	511	128	193	265
70	336	485	619	153	235	314	70	303	436	569	139	208	288
71	365	533	690	164	254	339	71	329	482	635	150	228	314
72	403	588	765	177	270	365	72	358	529	704	159	243	336
73	438	646	849	186	288	396	73	392	579	783	168	261	363
74	478	708	936	197	310	422	74	425	635	861	179	276	389
75	515	779	1,033	214	329	451	75	464	697	951	186	290	414
76	560	850	1,139	221	345	476	76	500	761	1,044	195	308	438
77	608	925	1,243	232	361	496	77	544	829	1,148	204	325	456
78	657	1,004	1,354	239	376	515	78	586	896	1,247	215	336	476
79	704	1,082	1,466	250	389	531	79	631	967	1,352	221	345	489

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 405****Annual Premiums Per \$10 of Daily Benefit****365 Day Elimination****Base Plan****Inflation Guard**

Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	82	104	120	29	40	49
56	89	119	141	33	49	64
57	97	122	150	37	57	68
58	102	135	161	37	60	78
59	104	142	175	46	66	86
60	111	153	186	47	71	97
61	119	164	197	49	82	108
62	122	177	217	57	86	115
63	135	190	239	64	97	131
64	142	204	261	68	108	142
65	157	224	287	75	115	159
66	168	246	321	82	128	177
67	183	270	358	86	139	193
68	197	299	400	93	150	214
69	217	332	443	102	164	232
70	239	363	495	108	177	252
71	261	402	553	115	190	270
72	283	440	611	122	201	290
73	308	485	679	131	217	318
74	332	531	750	141	232	336
75	361	579	825	146	246	358
76	392	635	905	157	257	381
77	420	686	993	161	268	400
78	454	743	1,079	168	276	411
79	485	803	1,166	175	287	422

**Premium Modal Factors**

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate



**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 405****Annual Premiums Per \$5 of Daily Benefit****HOME AND COMMUNITY CARE BENEFITS RIDER****Base Plan, 5 Day Elimination**

Age	2 Year Maximum	5 Year Maximum
55 & Under	47	71
56	53	82
57	57	86
58	64	93
59	66	100
60	68	104
61	75	111
62	78	119
63	84	122
64	89	135
65	97	142
66	102	153
67	108	161
68	111	175
69	120	186
70	131	195
71	141	214
72	153	232
73	164	250
74	177	268
75	190	288
76	208	318
77	228	343
78	246	369
79	265	402

**Inflation Guard Rider**

Age	2 Year Maximum	5 Year Maximum
55 & Under	22	29
56	26	37
57	26	37
58	27	37
59	29	40
60	29	46
61	33	49
62	37	53
63	37	57
64	37	60
65	40	66
66	46	68
67	47	75
68	53	82
69	57	86
70	64	93
71	66	102
72	71	108
73	75	111
74	82	120
75	86	128
76	89	139
77	97	142
78	100	150
79	104	157

**Premium Modal Factors**

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 405****Annual Premiums Per \$10 of Daily Benefit**

<b>0 Day Elimination</b>							<b>20 Day Elimination</b>						
<b>Base Plan</b>			<b>Inflation Guard</b>				<b>Base Plan</b>			<b>Inflation Guard</b>			
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	157	200	220	169	254	285	55 & Under	152	192	215	154	238	277
56	180	235	254	208	300	354	56	167	220	245	200	285	346
57	192	249	269	223	346	408	57	180	240	264	208	331	392
58	205	264	297	254	377	438	58	192	254	284	238	354	431
59	220	284	322	277	423	500	59	210	269	312	269	392	469
60	235	307	347	300	454	554	60	220	294	337	285	431	515
61	249	332	377	346	500	615	61	240	319	362	315	469	592
62	267	357	414	377	554	692	62	254	344	394	354	515	669
63	292	387	454	423	615	769	63	267	369	439	392	584	746
64	312	424	497	454	677	846	64	294	404	474	431	646	815
65	342	464	556	484	746	946	65	319	447	531	469	707	907
66	369	514	616	538	815	1,053	66	347	489	591	500	784	1,007
67	409	566	694	592	900	1,146	67	382	546	664	554	846	1,100
68	449	634	776	646	984	1,276	68	422	599	744	600	930	1,215
69	494	701	868	707	1,069	1,399	69	459	664	831	661	1,023	1,338
70	546	776	968	769	1,146	1,523	70	504	739	931	723	1,100	1,453
71	596	856	1,080	815	1,246	1,653	71	556	816	1,035	769	1,192	1,584
72	651	948	1,205	877	1,353	1,776	72	606	898	1,158	815	1,276	1,715
73	709	1,040	1,337	946	1,430	1,915	73	664	991	1,275	877	1,369	1,838
74	771	1,143	1,480	992	1,530	2,045	74	724	1,083	1,415	930	1,453	1,969
75	841	1,255	1,627	1,061	1,622	2,184	75	781	1,188	1,562	984	1,538	2,084
76	913	1,367	1,791	1,100	1,715	2,322	76	851	1,300	1,714	1,038	1,622	2,215
77	986	1,490	1,964	1,146	1,776	2,407	77	923	1,415	1,876	1,084	1,699	2,322
78	1,070	1,614	2,138	1,207	1,853	2,499	78	995	1,534	2,051	1,115	1,769	2,399
79	1,153	1,746	2,315	1,246	1,922	2,591	79	1,070	1,657	2,218	1,146	1,822	2,476

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
 Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
 Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 405****Annual Premiums Per \$10 of Daily Benefit**

<b>100 Day Elimination</b>							<b>180 Day Elimination</b>						
<b>Base Plan</b>				<b>Inflation Guard</b>			<b>Base Plan</b>				<b>Inflation Guard</b>		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	142	180	200	154	223	254	55 & Under	132	162	190	138	200	238
56	157	205	230	192	269	315	56	147	190	215	154	238	300
57	165	217	245	200	285	354	57	152	200	230	192	269	331
58	180	235	264	223	331	392	58	162	215	245	200	300	361
59	192	249	284	238	354	438	59	175	230	264	223	323	423
60	205	267	307	269	392	484	60	185	245	284	238	354	454
61	217	284	337	285	431	538	61	195	259	312	269	392	500
62	235	312	362	331	469	600	62	215	279	342	285	438	569
63	249	337	394	354	515	677	63	225	302	367	315	469	631
64	267	367	439	392	584	746	64	245	332	404	354	515	692
65	292	397	484	431	646	823	65	264	362	449	377	584	769
66	319	444	541	469	707	915	66	284	394	499	423	631	830
67	347	489	601	500	769	1,007	67	317	444	561	454	692	930
68	382	541	676	554	830	1,100	68	344	484	624	484	754	1,023
69	422	599	756	592	907	1,207	69	372	541	699	538	815	1,115
70	459	664	846	646	992	1,323	70	414	596	778	584	877	1,215
71	499	729	943	692	1,069	1,430	71	449	659	868	631	961	1,323
72	551	803	1,045	746	1,138	1,538	72	489	724	963	669	1,023	1,415
73	599	883	1,160	784	1,215	1,669	73	536	791	1,070	707	1,100	1,530
74	654	968	1,280	830	1,307	1,776	74	581	868	1,178	754	1,161	1,638
75	704	1,065	1,412	900	1,384	1,899	75	634	953	1,300	784	1,223	1,746
76	766	1,163	1,557	930	1,453	2,007	76	684	1,040	1,427	823	1,300	1,845
77	831	1,265	1,699	977	1,523	2,092	77	744	1,133	1,569	861	1,369	1,922
78	898	1,372	1,851	1,007	1,584	2,168	78	801	1,225	1,704	907	1,415	2,007
79	963	1,480	2,003	1,053	1,638	2,238	79	863	1,322	1,849	930	1,453	2,061

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

# CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

## Policy Form 405

### Annual Premiums Per \$10 of Daily Benefit

<b>365 Day Elimination</b>						
<b>Age</b>	<b>Base Plan</b>			<b>Inflation Guard</b>		
	<b>2 Year Benefit Period</b>	<b>5 Year Benefit Period</b>	<b>Unlimited Benefits</b>	<b>2 Year Benefit Period</b>	<b>5 Year Benefit Period</b>	<b>Unlimited Benefits</b>
55 & Under	112	142	165	123	169	208
56	122	162	192	138	208	269
57	132	167	205	154	238	285
58	140	185	220	154	254	331
59	142	195	240	192	277	361
60	152	210	254	200	300	408
61	162	225	269	208	346	454
62	167	242	297	238	361	484
63	185	259	327	269	408	554
64	195	279	357	285	454	600
65	215	307	392	315	484	669
66	230	337	439	346	538	746
67	249	369	489	361	584	815
68	269	409	546	392	631	900
69	297	454	606	431	692	977
70	327	497	676	454	746	1,061
71	357	549	756	484	800	1,138
72	387	601	836	515	846	1,223
73	422	664	928	554	915	1,338
74	454	726	1,025	592	977	1,415
75	494	791	1,128	615	1,038	1,507
76	536	868	1,238	661	1,084	1,607
77	574	938	1,357	677	1,130	1,684
78	621	1,015	1,475	707	1,161	1,730
79	664	1,098	1,594	738	1,207	1,776

#### Premium Modal Factors

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

# CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

## Policy Form 405

### Annual Premiums Per \$5 of Daily Benefit

#### HOME AND COMMUNITY CARE BENEFITS RIDER

<u>Base Plan, 5 Day Elimination</u>			<u>Inflation Guard Rider</u>		
Age	2 Year Maximum	5 Year Maximum	Age	2 Year Maximum	5 Year Maximum
55 & Under	65	97	55 & Under	92	123
56	72	112	56	108	154
57	77	117	57	108	154
58	87	127	58	115	154
59	90	137	59	123	169
60	92	142	60	123	192
61	102	152	61	138	208
62	107	162	62	154	223
63	115	167	63	154	238
64	122	185	64	154	254
65	132	195	65	169	277
66	140	210	66	192	285
67	147	220	67	200	315
68	152	240	68	223	346
69	165	254	69	238	361
70	180	267	70	269	392
71	192	292	71	277	431
72	210	317	72	300	454
73	225	342	73	315	469
74	242	367	74	346	508
75	259	394	75	361	538
76	284	434	76	377	584
77	312	469	77	408	600
78	337	504	78	423	631
79	362	549	79	438	661

#### Premium Modal Factors

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

**Continental General Insurance Company**  
**Individual Long Term Care Insurance Policy Forms:**  
420, 421, 422, 423, 428, 429, 430, 431, 432, 435, 436

The Company has revised the structure of its rate sheets to demonstrate the Return of Premium Rider and Inflation Guard Rider rates in dollars rather than factor loads. Rate sheets are provided for base, base with the Return of Premium Rider, base with the Inflation Guard Rider, and base with both the Return of Premium Rider and the Inflation Guard Rider. These rate sheets provide a better representation of the premiums being charged to policyholders with these benefits.

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 420****Annual Premiums Per \$10 Daily Benefit**

Age	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	78	71	60	108	97	78	128	119	100
50-54	82	75	64	111	100	82	131	122	104
55-59	115	104	89	157	142	115	193	179	153
60	183	164	135	235	214	179	287	268	235
61	190	168	142	243	221	190	307	283	246
62	201	179	150	254	232	193	318	296	254
63	214	190	153	272	246	208	339	318	276
64	232	204	164	287	261	217	361	336	287
65	265	235	190	339	310	261	422	392	343
66	296	261	208	369	336	279	464	429	369
67	318	283	228	407	369	307	511	475	407
68	350	314	254	447	407	343	557	518	451
69	381	339	272	493	447	372	622	579	493
70	414	369	303	540	493	411	683	635	544
71	464	411	332	597	544	451	750	697	593
72	507	451	365	664	604	504	829	768	657
73	553	493	403	743	675	560	925	861	743
74	608	540	443	821	746	622	1,018	947	818
75	679	604	489	914	832	690	1,130	1,053	900
76	750	668	544	1,022	929	768	1,257	1,168	1,000
77	836	743	604	1,135	1,033	858	1,400	1,303	1,119
78	918	818	668	1,257	1,146	951	1,544	1,436	1,236
79	1,007	896	732	1,372	1,250	1,044	1,694	1,575	1,358
80	1,097	975	794	1,489	1,354	1,139	1,843	1,712	1,482
81	1,186	1,053	858	1,604	1,458	1,232	1,993	1,851	1,604
82	1,276	1,130	922	1,721	1,564	1,325	2,143	1,989	1,728
83	1,365	1,208	986	1,836	1,668	1,418	2,290	2,126	1,851
84	1,455	1,287	1,049	1,951	1,772	1,511	2,440	2,265	1,975

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 420****Annual Premiums Per \$10 Daily Benefit  
Including Return of Premium Rider**

Age	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	162	150	120	221	197	162	262	247	205
50-54	165	154	128	231	205	165	266	250	213
55-59	230	200	176	308	281	230	381	354	301
60	349	312	252	445	410	341	549	514	445
61	361	322	268	465	417	361	576	537	468
62	380	333	281	476	437	364	601	556	476
63	395	361	287	509	460	387	636	593	517
64	428	379	307	532	487	399	677	628	532
65	491	432	357	628	571	483	776	723	631
66	539	483	383	680	620	512	846	783	680
67	574	516	411	734	670	554	925	859	734
68	630	566	459	806	729	618	996	932	809
69	678	606	486	881	801	665	1,111	1,033	881
70	732	653	534	961	873	729	1,206	1,128	964
71	816	729	586	1,051	960	797	1,322	1,231	1,048
72	887	792	640	1,166	1,059	884	1,448	1,349	1,150
73	963	864	704	1,298	1,177	974	1,615	1,504	1,298
74	1,050	944	771	1,423	1,297	1,081	1,765	1,645	1,420
75	1,172	1,042	841	1,578	1,434	1,191	1,947	1,815	1,549
76	1,282	1,152	933	1,756	1,593	1,319	2,156	2,005	1,715
77	1,425	1,266	1,033	1,942	1,763	1,468	2,390	2,223	1,909
78	1,558	1,390	1,135	2,135	1,944	1,615	2,622	2,435	2,100
79	1,705	1,511	1,229	2,312	2,110	1,765	2,859	2,657	2,293
80	1,844	1,632	1,336	2,497	2,276	1,914	3,096	2,873	2,489
81	1,980	1,755	1,439	2,682	2,440	2,056	3,323	3,091	2,682
82	2,119	1,877	1,528	2,854	2,593	2,198	3,556	3,302	2,862
83	2,251	1,994	1,627	3,031	2,755	2,338	3,778	3,516	3,050
84	2,389	2,113	1,719	3,204	2,908	2,480	4,003	3,718	3,238

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate



**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 420****Annual Premiums Per \$10 Daily Benefit  
Including Inflation Guard Rider**

Age	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	118	107	90	162	145	118	192	178	151
50-54	123	112	96	167	151	123	197	183	156
55-59	172	156	134	235	214	172	290	268	230
60	274	246	203	353	320	268	430	402	353
61	285	252	213	364	331	285	460	424	370
62	301	268	225	381	348	290	476	443	381
63	320	285	230	408	370	312	509	476	413
64	348	307	246	430	391	326	542	504	430
65	397	353	285	509	465	391	632	589	515
66	443	391	312	553	504	419	695	643	553
67	476	424	342	610	553	460	767	712	610
68	526	471	381	671	610	515	835	777	676
69	572	509	408	739	671	558	934	868	739
70	621	553	455	810	739	616	1,024	953	816
71	691	612	495	889	810	672	1,118	1,039	884
72	751	667	540	983	894	745	1,226	1,137	972
73	813	724	592	1,092	993	824	1,360	1,266	1,092
74	887	789	647	1,199	1,090	909	1,487	1,383	1,194
75	984	876	709	1,326	1,207	1,000	1,638	1,527	1,305
76	1,080	962	783	1,472	1,338	1,106	1,811	1,682	1,440
77	1,195	1,062	864	1,623	1,477	1,227	2,002	1,863	1,600
78	1,304	1,161	949	1,786	1,628	1,350	2,192	2,040	1,754
79	1,420	1,264	1,032	1,935	1,763	1,472	2,388	2,221	1,915
80	1,536	1,364	1,112	2,085	1,896	1,594	2,581	2,397	2,075
81	1,649	1,464	1,193	2,230	2,027	1,712	2,770	2,572	2,230
82	1,760	1,559	1,272	2,375	2,158	1,828	2,957	2,745	2,385
83	1,870	1,655	1,351	2,515	2,285	1,943	3,138	2,913	2,535
84	1,978	1,750	1,427	2,653	2,410	2,055	3,319	3,080	2,686

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 420****Annual Premiums Per \$10 Daily Benefit  
Including Return of Premium Rider and Inflation Guard Rider**

Age	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	237	220	176	323	288	237	384	361	300
50-54	242	225	188	338	300	242	389	366	311
55-59	337	293	258	452	412	337	558	518	440
60	511	457	370	652	601	500	805	753	652
61	528	471	392	681	612	528	844	787	686
62	557	488	411	697	640	534	882	815	697
63	579	528	421	746	674	568	933	869	758
64	628	556	450	780	714	585	993	921	780
65	720	633	523	920	837	708	1,138	1,061	926
66	791	708	562	998	909	751	1,241	1,149	998
67	842	756	604	1,077	983	813	1,358	1,260	1,077
68	925	830	674	1,183	1,071	908	1,463	1,369	1,188
69	996	890	713	1,294	1,176	976	1,631	1,517	1,294
70	1,075	958	784	1,410	1,281	1,070	1,770	1,656	1,416
71	1,190	1,063	855	1,534	1,401	1,162	1,929	1,796	1,529
72	1,287	1,149	928	1,691	1,535	1,281	2,099	1,956	1,668
73	1,387	1,245	1,014	1,870	1,696	1,404	2,327	2,167	1,870
74	1,503	1,351	1,104	2,038	1,857	1,548	2,528	2,355	2,032
75	1,667	1,482	1,197	2,245	2,040	1,695	2,770	2,582	2,203
76	1,812	1,629	1,318	2,482	2,251	1,864	3,047	2,833	2,424
77	2,001	1,777	1,450	2,727	2,475	2,061	3,356	3,121	2,680
78	2,174	1,938	1,584	2,978	2,712	2,252	3,657	3,397	2,929
79	2,363	2,094	1,704	3,203	2,924	2,446	3,962	3,682	3,177
80	2,538	2,247	1,839	3,437	3,133	2,634	4,262	3,955	3,427
81	2,708	2,400	1,967	3,667	3,336	2,811	4,543	4,226	3,667
82	2,877	2,549	2,076	3,877	3,521	2,985	4,829	4,484	3,887
83	3,036	2,689	2,194	4,089	3,715	3,154	5,096	4,742	4,114
84	3,201	2,830	2,303	4,292	3,895	3,322	5,362	4,981	4,338

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 420****Home Health Care Rider Per \$10 Daily Benefit  
5 Day Elimination Period**

Age	Base Plan			Base Plan With Return of Premium		
	2 Year Maximum	4 Year Maximum	Unlimited Maximum	2 Year Maximum	4 Year Maximum	Unlimited Maximum
45-49	46	60	97	93	120	197
50-54	46	64	100	93	128	205
55-59	53	78	128	104	153	249
60	64	93	150	119	181	284
61	68	100	161	127	192	304
62	71	108	172	131	199	325
63	75	111	179	141	207	333
64	82	119	190	148	219	356
65	86	131	208	160	240	383
66	89	139	221	168	252	402
67	97	146	232	176	263	415
68	100	157	250	179	279	451
69	111	168	268	199	302	477
70	119	179	287	210	320	515
71	128	190	307	222	335	537
72	139	204	329	248	358	576
73	150	224	358	259	389	625
74	157	243	389	270	422	677
75	172	261	418	297	449	719
76	186	283	454	327	488	783
77	204	310	496	350	528	844
78	221	332	529	372	563	901
79	239	358	575	410	599	972
80	257	396	635	432	661	1,071
81	279	422	675	463	705	1,130
82	299	447	717	496	744	1,187
83	321	475	757	530	784	1,250
84	339	500	799	561	818	1,310

**Premium Modal Factors**

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 420****Home Health Care Rider Per \$10 Daily Benefit  
5 Day Elimination Period Including Inflation Rider**

Age	Base Plan			Base Plan With Return of Premium		
	2 Year Maximum	4 Year Maximum	Unlimited Maximum	2 Year Maximum	4 Year Maximum	Unlimited Maximum
45-49	68	90	145	135	176	288
50-54	68	96	151	135	187	300
55-59	79	118	192	153	224	365
60	96	140	224	175	265	416
61	101	151	241	187	282	445
62	107	162	257	192	293	477
63	112	167	268	207	304	488
64	123	178	285	218	321	522
65	129	197	312	235	352	562
66	134	208	331	247	370	590
67	145	219	348	258	387	610
68	151	235	375	263	409	661
69	167	252	402	292	444	701
70	178	268	430	309	469	756
71	190	283	457	324	489	784
72	205	303	486	359	519	835
73	220	330	526	373	560	900
74	229	354	568	387	604	969
75	249	378	606	423	639	1,023
76	268	407	654	462	689	1,107
77	292	444	710	491	741	1,186
78	314	472	752	520	785	1,256
79	337	504	811	568	830	1,347
80	360	554	889	595	910	1,473
81	388	586	939	633	965	1,545
82	413	617	990	673	1,010	1,612
83	440	650	1,038	715	1,057	1,687
84	462	680	1,087	752	1,096	1,754

**Premium Modal Factors**

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 420****Annual Premiums Per \$10 Daily Benefit**

Age	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	107	97	82	147	132	107	175	162	137
50-54	112	102	87	152	137	112	180	167	142
55-59	157	142	122	215	195	157	264	245	210
60	250	225	185	322	292	245	392	367	322
61	259	230	195	332	302	259	419	387	337
62	274	245	205	347	317	264	434	404	347
63	292	259	210	372	337	284	464	434	377
64	317	279	225	392	357	297	494	459	392
65	362	322	259	464	424	357	576	536	469
66	404	357	284	504	459	382	634	586	504
67	434	387	312	556	504	419	699	649	556
68	479	429	347	611	556	469	761	709	616
69	521	464	372	674	611	509	851	791	674
70	566	504	414	739	674	561	933	868	744
71	634	561	454	816	744	616	1,025	953	811
72	694	616	499	908	826	689	1,133	1,050	898
73	756	674	551	1,015	923	766	1,265	1,178	1,015
74	831	739	606	1,123	1,020	851	1,392	1,295	1,118
75	928	826	669	1,250	1,138	943	1,544	1,440	1,230
76	1,025	913	744	1,397	1,270	1,050	1,719	1,597	1,367
77	1,143	1,015	826	1,552	1,412	1,173	1,914	1,781	1,529
78	1,255	1,118	913	1,719	1,567	1,300	2,111	1,964	1,689
79	1,377	1,225	1,001	1,876	1,709	1,427	2,315	2,153	1,856
80	1,500	1,332	1,085	2,036	1,851	1,557	2,520	2,340	2,026
81	1,622	1,440	1,173	2,193	1,994	1,684	2,725	2,530	2,193
82	1,744	1,544	1,260	2,353	2,138	1,811	2,929	2,720	2,363
83	1,866	1,652	1,347	2,510	2,280	1,939	3,131	2,907	2,530
84	1,989	1,759	1,435	2,667	2,423	2,066	3,336	3,096	2,700

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 420****Annual Premiums Per \$10 Daily Benefit  
Including Return of Premium Rider**

Age	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	221	205	164	302	269	221	358	337	280
50-54	226	210	174	316	280	226	363	342	291
55-59	315	274	241	422	384	315	521	484	411
60	477	426	346	608	560	466	751	702	608
61	493	440	368	635	570	493	787	734	640
62	520	455	383	650	597	498	822	760	650
63	540	493	394	696	629	530	870	811	706
64	585	519	421	727	666	545	926	859	727
65	671	590	486	858	780	660	1,061	989	863
66	737	660	523	930	847	700	1,156	1,071	930
67	784	705	563	1,003	915	758	1,265	1,174	1,003
68	861	773	627	1,102	997	845	1,362	1,275	1,107
69	927	829	664	1,205	1,096	909	1,519	1,412	1,205
70	1,001	892	729	1,313	1,193	996	1,648	1,542	1,318
71	1,115	996	801	1,437	1,313	1,089	1,808	1,683	1,432
72	1,213	1,083	875	1,594	1,447	1,208	1,979	1,844	1,572
73	1,316	1,181	962	1,774	1,609	1,332	2,208	2,056	1,774
74	1,435	1,290	1,055	1,946	1,773	1,478	2,414	2,249	1,941
75	1,602	1,424	1,151	2,158	1,961	1,629	2,662	2,481	2,117
76	1,752	1,576	1,275	2,401	2,177	1,803	2,948	2,741	2,345
77	1,948	1,730	1,413	2,655	2,410	2,007	3,268	3,039	2,609
78	2,130	1,900	1,552	2,918	2,658	2,207	3,584	3,329	2,871
79	2,331	2,065	1,681	3,160	2,885	2,413	3,909	3,633	3,134
80	2,521	2,231	1,826	3,413	3,112	2,616	4,233	3,928	3,403
81	2,707	2,400	1,967	3,667	3,336	2,811	4,543	4,225	3,667
82	2,897	2,566	2,089	3,902	3,545	3,005	4,861	4,514	3,912
83	3,077	2,726	2,222	4,144	3,766	3,196	5,165	4,806	4,170
84	3,267	2,888	2,352	4,380	3,975	3,391	5,472	5,084	4,427

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 420****Annual Premiums Per \$10 Daily Benefit  
Including Inflation Guard Rider**

Age	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	273	247	209	374	336	273	444	412	349
50-54	285	260	221	387	349	285	456	425	361
55-59	399	361	310	545	495	399	672	621	533
60	634	571	470	818	742	621	995	932	818
61	659	583	495	843	767	659	1,065	983	856
62	697	621	521	881	805	672	1,103	1,027	881
63	742	659	534	945	856	723	1,179	1,103	957
64	805	710	572	995	907	754	1,255	1,167	995
65	919	818	658	1,179	1,078	907	1,465	1,363	1,192
66	1,027	907	722	1,281	1,167	970	1,610	1,490	1,281
67	1,103	983	793	1,414	1,281	1,065	1,775	1,648	1,414
68	1,217	1,090	882	1,553	1,414	1,192	1,934	1,801	1,566
69	1,325	1,179	945	1,712	1,553	1,293	2,162	2,010	1,712
70	1,439	1,281	1,052	1,877	1,712	1,426	2,371	2,206	1,889
71	1,591	1,409	1,140	2,048	1,866	1,547	2,574	2,392	2,035
72	1,720	1,528	1,237	2,252	2,048	1,707	2,808	2,604	2,227
73	1,851	1,649	1,349	2,486	2,260	1,876	3,097	2,884	2,486
74	2,009	1,786	1,465	2,715	2,467	2,057	3,366	3,131	2,702
75	2,215	1,971	1,597	2,984	2,716	2,251	3,686	3,436	2,936
76	2,416	2,152	1,753	3,292	2,992	2,475	4,050	3,762	3,221
77	2,657	2,361	1,921	3,609	3,284	2,727	4,450	4,142	3,556
78	2,880	2,565	2,095	3,944	3,595	2,983	4,843	4,505	3,876
79	3,118	2,773	2,266	4,247	3,869	3,231	5,241	4,874	4,202
80	3,348	2,975	2,423	4,546	4,134	3,476	5,627	5,225	4,524
81	3,571	3,170	2,583	4,829	4,390	3,708	5,999	5,571	4,829
82	3,787	3,353	2,736	5,108	4,642	3,933	6,360	5,905	5,130
83	3,994	3,535	2,883	5,372	4,881	4,149	6,702	6,221	5,415
84	4,195	3,711	3,027	5,626	5,111	4,358	7,037	6,532	5,695

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 420****Annual Premiums Per \$10 Daily Benefit  
Including Return of Premium Rider and Inflation Guard Rider**

Age	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	536	497	399	732	654	536	870	818	680
50-54	549	510	423	765	680	549	882	830	706
55-59	765	666	587	1,025	934	765	1,267	1,176	999
60	1,161	1,037	843	1,480	1,364	1,135	1,827	1,710	1,480
61	1,200	1,070	895	1,546	1,389	1,200	1,917	1,787	1,559
62	1,265	1,108	934	1,584	1,454	1,213	2,002	1,852	1,584
63	1,316	1,200	960	1,695	1,532	1,291	2,119	1,975	1,721
64	1,427	1,264	1,026	1,773	1,623	1,329	2,256	2,093	1,773
65	1,636	1,440	1,185	2,092	1,903	1,610	2,587	2,411	2,105
66	1,798	1,610	1,275	2,268	2,066	1,707	2,821	2,612	2,268
67	1,914	1,720	1,374	2,448	2,234	1,849	3,087	2,865	2,448
68	2,103	1,888	1,531	2,689	2,435	2,064	3,326	3,112	2,702
69	2,265	2,024	1,622	2,942	2,676	2,220	3,710	3,450	2,942
70	2,447	2,180	1,782	3,209	2,915	2,434	4,028	3,768	3,221
71	2,694	2,405	1,935	3,472	3,170	2,630	4,366	4,064	3,459
72	2,896	2,585	2,090	3,805	3,455	2,884	4,725	4,402	3,753
73	3,105	2,786	2,269	4,184	3,795	3,142	5,207	4,849	4,184
74	3,345	3,005	2,459	4,534	4,132	3,445	5,625	5,241	4,522
75	3,688	3,278	2,650	4,967	4,514	3,750	6,129	5,713	4,875
76	3,985	3,582	2,900	5,459	4,951	4,100	6,703	6,232	5,332
77	4,375	3,886	3,172	5,961	5,412	4,507	7,337	6,825	5,859
78	4,723	4,212	3,441	6,470	5,894	4,894	7,947	7,382	6,365
79	5,102	4,521	3,681	6,918	6,315	5,282	8,555	7,951	6,860
80	5,446	4,821	3,944	7,374	6,722	5,652	9,144	8,485	7,352
81	5,772	5,116	4,192	7,817	7,111	5,992	9,685	9,008	7,817
82	6,093	5,397	4,394	8,209	7,457	6,321	10,225	9,496	8,230
83	6,386	5,656	4,611	8,599	7,814	6,633	10,718	9,972	8,653
84	6,685	5,911	4,813	8,964	8,135	6,939	11,199	10,403	9,061

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate



**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 420**

**Home Health Care Rider Per \$10 Daily Benefit  
5 Day Elimination Period**

Age	Base Plan			Base Plan With Return of Premium		
	2 Year Maximum	4 Year Maximum	Unlimited Maximum	2 Year Maximum	4 Year Maximum	Unlimited Maximum
45-49	62	82	132	127	164	269
50-54	62	87	137	127	175	280
55-59	72	107	175	142	209	341
60	87	127	205	163	247	388
61	92	137	220	174	263	415
62	97	147	235	179	273	445
63	102	152	245	193	284	455
64	112	162	259	203	299	487
65	117	180	284	219	328	524
66	122	190	302	230	344	550
67	132	200	317	240	360	568
68	137	215	342	245	381	616
69	152	230	367	272	413	653
70	162	245	392	288	437	704
71	175	259	419	303	458	734
72	190	279	449	338	490	788
73	205	307	489	353	532	854
74	215	332	531	369	577	925
75	235	357	571	407	614	983
76	254	387	621	447	667	1,071
77	279	424	679	478	722	1,154
78	302	454	724	509	769	1,231
79	327	489	786	560	819	1,329
80	352	541	868	591	903	1,464
81	382	576	923	633	964	1,545
82	409	611	981	678	1,017	1,623
83	439	649	1,035	725	1,072	1,710
84	464	684	1,093	768	1,118	1,790

**Premium Modal Factors**

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 420****Home Health Care Rider Per \$10 Daily Benefit  
5 Day Elimination Period Including Inflation Rider**

Age	Base Plan			Base Plan With Return of Premium		
	2 Year Maximum	4 Year Maximum	Unlimited Maximum	2 Year Maximum	4 Year Maximum	Unlimited Maximum
45-49	158	209	336	307	399	654
50-54	158	222	349	307	425	680
55-59	184	273	444	346	509	829
60	222	323	520	398	601	946
61	235	349	558	424	639	1,011
62	247	374	596	437	665	1,083
63	260	387	621	470	691	1,108
64	285	412	659	495	730	1,187
65	298	456	723	535	801	1,277
66	311	482	767	561	840	1,342
67	336	507	805	586	879	1,387
68	349	545	869	599	931	1,504
69	387	583	932	664	1,009	1,595
70	412	621	995	703	1,068	1,719
71	438	651	1,052	733	1,106	1,774
72	470	693	1,113	807	1,169	1,880
73	501	751	1,197	834	1,254	2,014
74	519	802	1,285	861	1,344	2,156
75	560	852	1,364	936	1,413	2,263
76	600	911	1,464	1,015	1,516	2,434
77	650	986	1,578	1,073	1,621	2,592
78	693	1,042	1,660	1,129	1,706	2,730
79	740	1,107	1,779	1,225	1,793	2,908
80	785	1,209	1,939	1,277	1,952	3,161
81	841	1,269	2,033	1,349	2,056	3,293
82	888	1,327	2,129	1,426	2,139	3,413
83	940	1,388	2,216	1,505	2,224	3,547
84	979	1,442	2,305	1,570	2,289	3,664

**Premium Modal Factors**

Semi-Annual:	0.520 of Annual Rate	Monthly Direct:	0.090 of Annual Rate
Quarterly:	0.265 of Annual Rate	Monthly B.O.M.:	0.085 of Annual Rate

**Continental General Insurance Company**  
**Individual Long Term Care Insurance Policy Forms:**  
420, 421, 422, 423, 428, 429, 430, 431, 432, 435, 436

The Company has revised the structure of its rate sheets to demonstrate the Return of Premium Rider and Inflation Guard Rider rates in dollars rather than factor loads. Rate sheets are provided for base, base with the Return of Premium Rider, base with the Inflation Guard Rider, and base with both the Return of Premium Rider and the Inflation Guard Rider. These rate sheets provide a better representation of the premiums being charged to policyholders with these benefits.

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 432****Annual Premiums Per \$10 Daily Benefit**

Age	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	78	71	60	108	97	78	128	119	100
50-54	82	75	64	111	100	82	131	122	104
55-59	115	104	89	157	142	115	193	179	153
60	183	164	135	235	214	179	287	268	235
61	190	168	142	243	221	190	307	283	246
62	201	179	150	254	232	193	318	296	254
63	214	190	153	272	246	208	339	318	276
64	232	204	164	287	261	217	361	336	287
65	265	235	190	339	310	261	422	392	343
66	296	261	208	369	336	279	464	429	369
67	318	283	228	407	369	307	511	475	407
68	350	314	254	447	407	343	557	518	451
69	381	339	272	493	447	372	622	579	493
70	414	369	303	540	493	411	683	635	544
71	464	411	332	597	544	451	750	697	593
72	507	451	365	664	604	504	829	768	657
73	553	493	403	743	675	560	925	861	743
74	608	540	443	821	746	622	1,018	947	818
75	679	604	489	914	832	690	1,130	1,053	900
76	750	668	544	1,022	929	768	1,257	1,168	1,000
77	836	743	604	1,135	1,033	858	1,400	1,303	1,119
78	918	818	668	1,257	1,146	951	1,544	1,436	1,236
79	1,007	896	732	1,372	1,250	1,044	1,694	1,575	1,358
80	1,097	975	794	1,489	1,354	1,139	1,843	1,712	1,482
81	1,186	1,053	858	1,604	1,458	1,232	1,993	1,851	1,604
82	1,276	1,130	922	1,721	1,564	1,325	2,143	1,989	1,728
83	1,365	1,208	986	1,836	1,668	1,418	2,290	2,126	1,851
84	1,455	1,287	1,049	1,951	1,772	1,511	2,440	2,265	1,975

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 432****Annual Premiums Per \$10 Daily Benefit  
Including Return of Premium Rider**

Age	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	161	146	124	221	199	161	262	243	206
50-54	167	152	130	226	204	167	267	248	211
55-59	227	205	175	309	281	227	381	352	302
60	349	314	258	450	408	342	548	513	450
61	361	319	270	461	420	361	583	538	468
62	379	338	283	479	438	365	600	558	479
63	398	354	285	507	460	388	633	592	514
64	430	379	304	531	484	403	670	623	531
65	487	434	350	625	572	481	777	723	632
66	541	478	381	675	615	511	848	785	675
67	578	514	415	740	670	558	929	863	740
68	629	564	456	803	731	616	999	931	809
69	680	605	485	879	798	664	1,110	1,032	879
70	734	653	537	957	873	728	1,209	1,125	964
71	816	723	584	1,050	957	793	1,320	1,227	1,044
72	887	788	638	1,162	1,056	881	1,449	1,343	1,149
73	967	862	705	1,299	1,181	980	1,618	1,506	1,299
74	1,056	938	769	1,426	1,296	1,081	1,769	1,645	1,420
75	1,171	1,042	844	1,577	1,436	1,190	1,949	1,817	1,552
76	1,285	1,145	932	1,751	1,592	1,317	2,155	2,001	1,714
77	1,422	1,264	1,028	1,932	1,758	1,460	2,382	2,218	1,904
78	1,562	1,391	1,137	2,140	1,950	1,618	2,627	2,444	2,103
79	1,703	1,514	1,237	2,319	2,113	1,764	2,862	2,662	2,295
80	1,841	1,636	1,333	2,499	2,273	1,911	3,094	2,873	2,487
81	1,977	1,755	1,430	2,674	2,430	2,053	3,322	3,084	2,674
82	2,111	1,870	1,526	2,848	2,588	2,193	3,546	3,292	2,860
83	2,259	1,999	1,632	3,038	2,761	2,347	3,791	3,519	3,063
84	2,390	2,114	1,724	3,206	2,912	2,483	4,010	3,722	3,245

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 432****Annual Premiums Per \$10 Daily Benefit  
Including Inflation Guard Rider**

Age	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	118	107	90	162	145	118	192	178	151
50-54	123	112	96	167	151	123	197	183	156
55-59	172	156	134	235	214	172	290	268	230
60	274	246	203	353	320	268	430	402	353
61	285	252	213	364	331	285	460	424	370
62	301	268	225	381	348	290	476	443	381
63	320	285	230	408	370	312	509	476	413
64	348	307	246	430	391	326	542	504	430
65	397	353	285	509	465	391	632	589	515
66	443	391	312	553	504	419	695	643	553
67	476	424	342	610	553	460	767	712	610
68	526	471	381	671	610	515	835	777	676
69	572	509	408	739	671	558	934	868	739
70	621	553	455	810	739	616	1,024	953	816
71	691	612	495	889	810	672	1,118	1,039	884
72	751	667	540	983	894	745	1,226	1,137	972
73	813	724	592	1,092	993	824	1,360	1,266	1,092
74	887	789	647	1,199	1,090	909	1,487	1,383	1,194
75	984	876	709	1,326	1,207	1,000	1,638	1,527	1,305
76	1,080	962	783	1,472	1,338	1,106	1,811	1,682	1,440
77	1,195	1,062	864	1,623	1,477	1,227	2,002	1,863	1,600
78	1,304	1,161	949	1,786	1,628	1,350	2,192	2,040	1,754
79	1,420	1,264	1,032	1,935	1,763	1,472	2,388	2,221	1,915
80	1,536	1,364	1,112	2,085	1,896	1,594	2,581	2,397	2,075
81	1,649	1,464	1,193	2,230	2,027	1,712	2,770	2,572	2,230
82	1,760	1,559	1,272	2,375	2,158	1,828	2,957	2,745	2,385
83	1,870	1,655	1,351	2,515	2,285	1,943	3,138	2,913	2,535
84	1,978	1,750	1,427	2,653	2,410	2,055	3,319	3,080	2,686

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 432****Annual Premiums Per \$10 Daily Benefit  
Including Inflation Guard Rider and Return of Premium**

Age	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	236	214	181	323	290	236	384	356	301
50-54	244	222	190	331	298	244	390	363	309
55-59	332	300	257	453	411	332	558	516	442
60	511	460	378	660	598	501	803	752	660
61	529	468	396	676	615	529	854	788	686
62	556	495	415	702	642	536	879	819	702
63	584	519	419	744	674	569	929	869	754
64	630	556	446	779	710	590	982	913	779
65	715	636	513	917	838	705	1,139	1,060	927
66	794	701	559	990	902	750	1,245	1,152	990
67	847	755	608	1,086	984	818	1,364	1,266	1,086
68	923	827	669	1,178	1,072	904	1,467	1,366	1,188
69	999	889	712	1,290	1,171	975	1,630	1,515	1,290
70	1,078	959	788	1,405	1,282	1,068	1,776	1,652	1,415
71	1,191	1,055	853	1,533	1,397	1,158	1,927	1,791	1,524
72	1,286	1,143	925	1,684	1,532	1,277	2,101	1,948	1,666
73	1,393	1,241	1,015	1,871	1,701	1,411	2,331	2,170	1,871
74	1,511	1,343	1,102	2,042	1,856	1,547	2,532	2,355	2,033
75	1,666	1,482	1,200	2,244	2,042	1,693	2,772	2,584	2,208
76	1,817	1,618	1,317	2,475	2,250	1,861	3,045	2,829	2,422
77	1,997	1,775	1,443	2,713	2,468	2,050	3,345	3,114	2,673
78	2,179	1,941	1,586	2,985	2,720	2,257	3,665	3,409	2,933
79	2,359	2,099	1,714	3,214	2,928	2,445	3,966	3,688	3,180
80	2,534	2,252	1,834	3,440	3,129	2,631	4,258	3,955	3,424
81	2,703	2,400	1,955	3,656	3,323	2,807	4,542	4,217	3,656
82	2,867	2,539	2,072	3,868	3,515	2,978	4,816	4,471	3,885
83	3,047	2,697	2,201	4,098	3,723	3,165	5,112	4,746	4,131
84	3,202	2,832	2,309	4,294	3,901	3,326	5,371	4,985	4,347

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 432****Home Health Care Rider Per \$10 Daily Benefit  
5 Day Elimination Period**

Age	Base Plan			With Inflation Guard Rider		
	2 Year Maximum	4 Year Maximum	Unlimited Maximum	2 Year Maximum	4 Year Maximum	Unlimited Maximum
45-49	46	60	97	68	90	145
50-54	46	64	100	68	96	151
55-59	53	78	128	79	118	192
60	64	93	150	96	140	224
61	68	100	161	101	151	241
62	71	108	172	107	162	257
63	75	111	179	112	167	268
64	82	119	190	123	178	285
65	86	131	208	129	197	312
66	89	139	221	134	208	331
67	97	146	232	145	219	348
68	100	157	250	151	235	375
69	111	168	268	167	252	402
70	119	179	287	178	268	430
71	128	190	307	190	283	457
72	139	204	329	205	303	486
73	150	224	358	220	330	526
74	157	243	389	229	354	568
75	172	261	418	249	378	606
76	186	283	454	268	407	654
77	204	310	496	292	444	710
78	221	332	529	314	472	752
79	239	358	575	337	504	811
80	257	396	635	360	554	889
81	279	422	675	388	586	939
82	299	447	717	413	617	990
83	321	475	757	440	650	1,038
84	339	500	799	462	680	1,087

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate



**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 432****Home Health Care Rider Per \$10 Daily Benefit  
5 Day Elimination Period**

Age	Base Plan With Return of Premium			With Inflation Guard Rider and Return of Premium		
	2 Year Maximum	4 Year Maximum	Unlimited Maximum	2 Year Maximum	4 Year Maximum	Unlimited Maximum
45-49	94	124	199	137	181	290
50-54	93	130	204	135	190	298
55-59	104	155	252	153	226	369
60	122	178	286	179	261	419
61	128	191	305	188	280	447
62	134	203	324	197	298	475
63	140	208	334	205	305	489
64	152	220	352	223	323	516
65	158	242	383	232	355	562
66	164	254	404	240	372	593
67	176	266	422	258	390	619
68	180	282	449	265	414	659
69	199	299	479	292	440	702
70	210	317	508	309	465	745
71	225	334	540	328	488	788
72	243	357	574	352	518	833
73	262	393	625	377	566	901
74	273	422	675	390	604	967
75	296	450	721	421	640	1,026
76	319	485	779	451	685	1,101
77	348	528	845	488	741	1,186
78	376	565	901	524	788	1,256
79	404	605	972	560	838	1,346
80	432	665	1,066	594	915	1,467
81	465	703	1,125	636	961	1,539
82	495	740	1,187	673	1,005	1,612
83	532	785	1,253	717	1,059	1,691
84	558	822	1,314	747	1,101	1,760

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 432****Annual Premiums Per \$10 Daily Benefit**

Age	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	107	97	82	147	132	107	175	162	137
50-54	112	102	87	152	137	112	180	167	142
55-59	157	142	122	215	195	157	264	245	210
60	250	225	185	322	292	245	392	367	322
61	259	230	195	332	302	259	419	387	337
62	274	245	205	347	317	264	434	404	347
63	292	259	210	372	337	284	464	434	377
64	317	279	225	392	357	297	494	459	392
65	362	322	259	464	424	357	576	536	469
66	404	357	284	504	459	382	634	586	504
67	434	387	312	556	504	419	699	649	556
68	479	429	347	611	556	469	761	709	616
69	521	464	372	674	611	509	851	791	674
70	566	504	414	739	674	561	933	868	744
71	634	561	454	816	744	616	1,025	953	811
72	694	616	499	908	826	689	1,133	1,050	898
73	756	674	551	1,015	923	766	1,265	1,178	1,015
74	831	739	606	1,123	1,020	851	1,392	1,295	1,118
75	928	826	669	1,250	1,138	943	1,544	1,440	1,230
76	1,025	913	744	1,397	1,270	1,050	1,719	1,597	1,367
77	1,143	1,015	826	1,552	1,412	1,173	1,914	1,781	1,529
78	1,255	1,118	913	1,719	1,567	1,300	2,111	1,964	1,689
79	1,377	1,225	1,001	1,876	1,709	1,427	2,315	2,153	1,856
80	1,500	1,332	1,085	2,036	1,851	1,557	2,520	2,340	2,026
81	1,622	1,440	1,173	2,193	1,994	1,684	2,725	2,530	2,193
82	1,744	1,544	1,260	2,353	2,138	1,811	2,929	2,720	2,363
83	1,866	1,652	1,347	2,510	2,280	1,939	3,131	2,907	2,530
84	1,989	1,759	1,435	2,667	2,423	2,066	3,336	3,096	2,700

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 432****Annual Premiums Per \$10 Daily Benefit  
Including Return of Premium Rider**

Age	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	220	200	169	302	271	220	358	333	282
50-54	228	208	177	309	278	228	365	339	289
55-59	310	280	240	423	384	310	521	482	413
60	477	429	354	615	558	468	749	701	615
61	493	436	371	631	574	493	797	735	640
62	518	462	387	655	599	500	820	763	655
63	545	484	392	694	628	531	866	810	703
64	587	518	417	726	661	550	916	851	726
65	666	593	477	855	781	657	1,062	988	864
66	740	653	520	923	840	699	1,160	1,073	923
67	790	703	567	1,012	917	762	1,271	1,180	1,012
68	860	770	623	1,097	999	842	1,366	1,272	1,106
69	930	828	663	1,202	1,090	908	1,517	1,411	1,202
70	1,004	893	734	1,309	1,194	995	1,653	1,538	1,317
71	1,116	988	799	1,436	1,309	1,085	1,805	1,678	1,427
72	1,213	1,078	873	1,588	1,444	1,204	1,981	1,837	1,571
73	1,322	1,178	963	1,776	1,614	1,339	2,212	2,059	1,776
74	1,443	1,283	1,053	1,950	1,772	1,478	2,418	2,249	1,941
75	1,601	1,425	1,154	2,156	1,963	1,627	2,664	2,484	2,122
76	1,757	1,565	1,275	2,394	2,176	1,800	2,945	2,736	2,343
77	1,945	1,728	1,406	2,641	2,403	1,996	3,257	3,032	2,603
78	2,136	1,902	1,554	2,925	2,666	2,212	3,592	3,342	2,874
79	2,328	2,070	1,692	3,171	2,888	2,412	3,913	3,639	3,137
80	2,517	2,236	1,821	3,417	3,107	2,613	4,229	3,928	3,400
81	2,703	2,399	1,955	3,655	3,323	2,807	4,541	4,217	3,655
82	2,886	2,556	2,085	3,894	3,539	2,998	4,848	4,501	3,910
83	3,089	2,733	2,229	4,154	3,774	3,208	5,182	4,810	4,187
84	3,268	2,890	2,358	4,383	3,981	3,395	5,482	5,088	4,436

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 432****Annual Premiums Per \$10 Daily Benefit  
Including Inflation Guard Rider**

Age	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	273	247	209	374	336	273	444	412	349
50-54	285	260	221	387	349	285	456	425	361
55-59	399	361	310	545	495	399	672	621	533
60	634	571	470	818	742	621	995	932	818
61	659	583	495	843	767	659	1,065	983	856
62	697	621	521	881	805	672	1,103	1,027	881
63	742	659	534	945	856	723	1,179	1,103	957
64	805	710	572	995	907	754	1,255	1,167	995
65	919	818	658	1,179	1,078	907	1,465	1,363	1,192
66	1,027	907	722	1,281	1,167	970	1,610	1,490	1,281
67	1,103	983	793	1,414	1,281	1,065	1,775	1,648	1,414
68	1,217	1,090	882	1,553	1,414	1,192	1,934	1,801	1,566
69	1,325	1,179	945	1,712	1,553	1,293	2,162	2,010	1,712
70	1,439	1,281	1,052	1,877	1,712	1,426	2,371	2,206	1,889
71	1,591	1,409	1,140	2,048	1,866	1,547	2,574	2,392	2,035
72	1,720	1,528	1,237	2,252	2,048	1,707	2,808	2,604	2,227
73	1,851	1,649	1,349	2,486	2,260	1,876	3,097	2,884	2,486
74	2,009	1,786	1,465	2,715	2,467	2,057	3,366	3,131	2,702
75	2,215	1,971	1,597	2,984	2,716	2,251	3,686	3,436	2,936
76	2,416	2,152	1,753	3,292	2,992	2,475	4,050	3,762	3,221
77	2,657	2,361	1,921	3,609	3,284	2,727	4,450	4,142	3,556
78	2,880	2,565	2,095	3,944	3,595	2,983	4,843	4,505	3,876
79	3,118	2,773	2,266	4,247	3,869	3,231	5,241	4,874	4,202
80	3,348	2,975	2,423	4,546	4,134	3,476	5,627	5,225	4,524
81	3,571	3,170	2,583	4,829	4,390	3,708	5,999	5,571	4,829
82	3,787	3,353	2,736	5,108	4,642	3,933	6,360	5,905	5,130
83	3,994	3,535	2,883	5,372	4,881	4,149	6,702	6,221	5,415
84	4,195	3,711	3,027	5,626	5,111	4,358	7,037	6,532	5,695

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 432****Annual Premiums Per \$10 Daily Benefit  
Including Inflation Guard Rider and Return of Premium**

Age	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	534	485	410	733	659	534	870	808	683
50-54	553	504	429	750	676	553	885	823	701
55-59	753	681	584	1,028	932	753	1,267	1,171	1,004
60	1,161	1,045	861	1,498	1,359	1,138	1,823	1,707	1,498
61	1,201	1,062	902	1,536	1,397	1,201	1,940	1,790	1,559
62	1,263	1,125	943	1,596	1,458	1,217	1,997	1,859	1,596
63	1,327	1,180	955	1,690	1,531	1,293	2,110	1,974	1,713
64	1,432	1,263	1,017	1,770	1,612	1,342	2,233	2,075	1,770
65	1,625	1,446	1,163	2,085	1,905	1,603	2,589	2,410	2,107
66	1,805	1,593	1,268	2,250	2,050	1,704	2,830	2,618	2,250
67	1,927	1,716	1,385	2,469	2,237	1,860	3,100	2,879	2,469
68	2,100	1,881	1,521	2,680	2,439	2,056	3,336	3,106	2,702
69	2,272	2,022	1,621	2,935	2,663	2,217	3,707	3,446	2,935
70	2,452	2,182	1,792	3,197	2,917	2,431	4,040	3,759	3,219
71	2,694	2,387	1,930	3,469	3,161	2,620	4,360	4,052	3,448
72	2,895	2,572	2,083	3,791	3,447	2,875	4,728	4,385	3,749
73	3,117	2,778	2,272	4,188	3,807	3,159	5,216	4,856	4,188
74	3,363	2,989	2,453	4,544	4,130	3,443	5,635	5,241	4,524
75	3,686	3,280	2,657	4,964	4,519	3,746	6,134	5,718	4,885
76	3,996	3,558	2,899	5,444	4,948	4,093	6,698	6,222	5,327
77	4,367	3,881	3,157	5,931	5,397	4,482	7,314	6,808	5,845
78	4,734	4,217	3,444	6,485	5,911	4,904	7,963	7,408	6,372
79	5,094	4,531	3,703	6,940	6,322	5,279	8,564	7,964	6,866
80	5,437	4,831	3,934	7,382	6,713	5,645	9,137	8,486	7,346
81	5,763	5,116	4,168	7,793	7,084	5,985	9,682	8,990	7,793
82	6,072	5,377	4,387	8,192	7,445	6,307	10,198	9,469	8,226
83	6,408	5,671	4,625	8,618	7,830	6,657	10,751	9,980	8,687
84	6,687	5,915	4,826	8,969	8,147	6,947	11,218	10,412	9,078

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 432****Home Health Care Rider Per \$10 Daily Benefit  
5 Day Elimination Period**

Age	Base Plan			With Inflation Guard Rider		
	2 Year Maximum	4 Year Maximum	Unlimited Maximum	2 Year Maximum	4 Year Maximum	Unlimited Maximum
45-49	62	82	132	158	209	336
50-54	62	87	137	158	222	349
55-59	72	107	175	184	273	444
60	87	127	205	222	323	520
61	92	137	220	235	349	558
62	97	147	235	247	374	596
63	102	152	245	260	387	621
64	112	162	259	285	412	659
65	117	180	284	298	456	723
66	122	190	302	311	482	767
67	132	200	317	336	507	805
68	137	215	342	349	545	869
69	152	230	367	387	583	932
70	162	245	392	412	621	995
71	175	259	419	438	651	1,052
72	190	279	449	470	693	1,113
73	205	307	489	501	751	1,197
74	215	332	531	519	802	1,285
75	235	357	571	560	852	1,364
76	254	387	621	600	911	1,464
77	279	424	679	650	986	1,578
78	302	454	724	693	1,042	1,660
79	327	489	786	740	1,107	1,779
80	352	541	868	785	1,209	1,939
81	382	576	923	841	1,269	2,033
82	409	611	981	888	1,327	2,129
83	439	649	1,035	940	1,388	2,216
84	464	684	1,093	979	1,442	2,305

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

**CONTINENTAL GENERAL INSURANCE COMPANY**

P.O. Box 203098 • Austin, Texas 78720-3098 • (866) 830-0607

**Policy Form 432****Home Health Care Rider Per \$10 Daily Benefit  
5 Day Elimination Period**

Age	Base Plan With Return of Premium			With Inflation Guard Rider and Return of Premium		
	2 Year Maximum	4 Year Maximum	Unlimited Maximum	2 Year Maximum	4 Year Maximum	Unlimited Maximum
45-49	128	169	271	311	410	659
50-54	127	177	278	307	430	676
55-59	143	211	344	347	514	837
60	167	243	391	406	592	952
61	175	261	417	427	635	1,016
62	184	278	443	448	677	1,079
63	191	284	456	465	692	1,112
64	208	301	481	507	733	1,173
65	216	331	524	527	807	1,278
66	224	347	553	546	847	1,348
67	240	363	576	587	886	1,406
68	246	385	614	602	941	1,498
69	271	409	654	663	1,000	1,598
70	287	433	694	702	1,059	1,696
71	307	457	738	743	1,103	1,782
72	332	489	785	792	1,166	1,875
73	358	537	855	844	1,266	2,017
74	373	576	923	868	1,343	2,151
75	405	616	986	931	1,417	2,269
76	436	663	1,064	992	1,507	2,421
77	476	722	1,155	1,068	1,621	2,594
78	514	773	1,231	1,139	1,713	2,730
79	552	826	1,328	1,209	1,809	2,907
80	590	909	1,457	1,276	1,963	3,148
81	636	961	1,539	1,356	2,048	3,280
82	677	1,012	1,623	1,425	2,128	3,414
83	727	1,074	1,714	1,508	2,227	3,555
84	763	1,123	1,796	1,561	2,299	3,675

**Premium Modal Factors**

Semi-Annual: 0.520 of Annual Rate  
Quarterly: 0.265 of Annual Rate

Monthly Direct: 0.090 of Annual Rate  
Monthly B.O.M.: 0.085 of Annual Rate

<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	Continental General Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
<b>Product Name:</b>	Long Term Care		
<b>Project Name/Number:</b>	CGI 420 LTC RATE INCREASE FILING, 2017/		

## Supporting Document Schedules

<b>Bypassed - Item:</b>	Transmittal Letter (A&H)
<b>Bypass Reason:</b>	We could not access the transmittal through the link provided. We can fill out and submit the transmittal upon further guidance as to where to obtain the transmittal.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Actuarial Certification (A&H)
<b>Bypass Reason:</b>	Not applicable.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Actuarial Memorandum and Explanatory Information (A&H)
<b>Comments:</b>	
<b>Attachment(s):</b>	420 Cover Letter - PA.pdf 420 Actuarial Memorandum - PA.pdf 420 Exhibits - PA.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Advertisements (A&H)
<b>Bypass Reason:</b>	Not applicable.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Authorization to File (A&H)
<b>Bypass Reason:</b>	Not applicable.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Insert Page Explanation (A&H)
<b>Bypass Reason:</b>	Not applicable.
<b>Attachment(s):</b>	



<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	Continental General Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
<b>Product Name:</b>	Long Term Care		
<b>Project Name/Number:</b>	CGI 420 LTC RATE INCREASE FILING, 2017/		

<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Rate Table (A&H)
<b>Bypass Reason:</b>	Not applicable.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Replacement Form with Highlighted Changes (A&H)
<b>Bypass Reason:</b>	Not applicable.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Reserve Calculation (A&H)
<b>Bypass Reason:</b>	Not applicable.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Variability Explanation (A&H)
<b>Bypass Reason:</b>	Not applicable.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	



P.O. Box 203098  
Austin, TX 78720-3098  
Toll Free: (866) 830-0607  
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November 20, 2017

Pennsylvania Insurance Department  
Commonwealth of Pennsylvania  
1326 Strawberry Square, 13th Floor  
Harrisburg, Pennsylvania 17120

**RE: Continental General Insurance Company  
Rate Revision Filing on Individual Long-Term Care Insurance  
Policy Forms: 420 et al.**

Dear Sir or Madam:

Enclosed for your review, please find copies of an Actuarial Memorandum and rate sheets in support of the current proposed increases on the above-referenced Individual Long-Term Care Insurance products. Detailed information regarding the calculation of the current proposed rate increases is given within the enclosed Actuarial Memorandum.

The base rate increase applies to the base policy and all applicable benefit riders for which a premium is paid. In addition to a base rate increase, an increase is being requested on the Inflation Guard Rider percentage load. The rate increases will be effective on the first premium due date subsequent to state insurance department approval and in accordance with state policyholder notification requirements, with the additional condition that no policyholder will receive a rate increase sooner than one year after receiving a prior rate increase, if applicable.

This filing applies to inforce policies issued in this state. The above-referenced policy forms are Individual Long-Term Care Insurance products, which are no longer being sold.

Enclosed are any necessary certifications, transmittals and/or filing fees as may be required by your state. I hope that with this information, your approval of this filing will be forthcoming. If you have any questions or need additional information, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads 'Stephanie Entzminger'. The signature is written in a cursive, flowing style.

---

Stephanie Entzminger, FSA, MAAA  
Associate Actuary  
Continental General Insurance Company  
11001 Lakeline Blvd, Suite 120  
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*Long-term care administrator for:*  
Great American Life Insurance Company®  
Loyal American Life Insurance Company®

**CONTINENTAL GENERAL INSURANCE COMPANY**

**Home Office:**

P.O. Box 203098

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**Actuarial Memorandum for Premium Rate Increases of:  
36.7% on Base Policy Forms and Riders, and  
208.2% on the Inflation Guard Rider (IGR) Percentage Load for**

**Continental General Insurance Company  
Individual Long-Term Care Insurance Policy Forms:**

403, 405, 407, 408, 409, 410, 411, 414, 420, 421, 422, 423, 428, 429, 430, 431, 432, 435, 436

**Benefit Increase Riders:** GPO, GPO(429)(WI)

**Inflation Guard Riders:** IGR(1), IGR-MN(422), IGR-MN(423), IGR(1)(A)(428),  
IGR(1)(A)(429), et al.

**Home Health Care Rider:** HC/CC, et al.

**Return of Premium Rider:** RP(LTC)(10), RP(10)(WI), et al.

**I. Purpose of Filing**

The purpose of this rate filing is to support and request a 36.7% rate increase on the Base Policy Forms and Riders for the above listed policy form series, and to support and request a 208.2% rate increase on the Inflation Guard Rider (IGR) percentage load. This filing may not be appropriate for other purposes.

Details on the methodology for calculating the unfunded gap in future liabilities and the resulting overall rate increase can be found in Section IV below.

Rate sheets are attached showing premium rates after the 36.7% Base premium rate increase and 208.2% IGR percentage load increases. Please note, rate sheets do not demonstrate percentage loads to add inflation protection, but instead have dollar amounts. Premium rates will be increased by an amount equivalent to the 36.7% Base premium rate increase and 208.2% IGR percentage load increase.

As shown in **Exhibit 3a** which has been included with this filing, the projected lifetime loss ratio for Base Policy Forms and Non-ROP Riders, assuming implementation of the rate increases justified Nationwide, is 91.8%.

**II. Policyholder Options to Mitigate Impact of Premium Rate Increases**

**Offers for Policyholders with Perpetual Return of Premium Riders: RP(LTC)(10), RP(10)(WI)**

In order to mitigate the impact of the increases on policyholders with Return of Premium riders, the Company will implement a program in which the policyholder will have the choice to surrender their ROP benefit for value, while keeping their Base Policy and other non-ROP Riders in force. The offer will vary by the duration within the 10-year ROP "cycle" as follows:

- For policyholders in durations with a scheduled ROP benefit of 0%, the offer will be 100% of cumulative paid ROP Rider premium within the current 10-year ROP cycle, less the value of any policyholder benefits paid within the current 10-year ROP cycle.

- For policyholders in durations with a scheduled ROP benefit greater than 0% (except for duration 10), the offer will be the scheduled ROP benefit + 10%, less the value of any policyholder benefits paid within the current 10-year ROP cycle.
- For policyholders in duration 10, the offer will be the scheduled ROP benefit.

Under the predominant ROP payment schedule, the ROP offers assuming no policyholder benefits having been paid within the 10-year ROP duration “cycle” will be as follows:

	% of Cumulative ROP Rider Premium					% of Total Cumulative Premium				
Duration	1	2	3	4	5	6	7	8	9	10
Refund %	100%	100%	100%	100%	100%	25%	40%	55%	70%	80%

#### Optional Policyholder offers to Reduce Benefits

In addition, the Company will give policyholders Benefit Reduction Offers to help mitigate the impact to policyholders of the premium rate increase on the Base policy. The Benefit Reduction Offers will allow the policyholder to:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit,
3. Increase their elimination period.

#### Non-forfeiture Offers

In addition, the Company will give the policyholder the option to accept a shortened benefit period. Acceptance of this offer will provide the policyholder with a paid-up policy, with no future premiums required. Under this paid-up policy, the maximum benefit amount is equal to the greater of the sum of premiums paid less any benefits paid by a Return of Premium or Premium Accrual Benefit Rider or 30 times their daily benefit, and the daily benefit amount is equal to the policyholder’s current daily benefit amount. This non-forfeiture benefit shall not exceed the policyholder’s remaining unused Maximum Lifetime Benefit at the time of conversion. Each day any benefits are received will count as one full day toward the completion of the shortened benefit period. This offer will be made to all policyholders.

### **III. Scope of Filing**

This filing applies to active premium-paying policies issued in this state for the policy forms listed above. These forms are no longer being marketed in any state and the Company is no longer selling any new Long-Term Care Insurance. **Exhibit 1** provides a distribution by state of the number of lives and associated annualized premium for active premium-paying lives as of 12/31/2016 under these policy forms. The annualized premium inforce Nationwide as of 12/31/2016 was 18,098,148. A breakdown of lives affected by this filing in this state is shown in **Appendix A**.

Please note that experience associated with the Return of Premium (ROP) Rider has been excluded from this filing.

### **IV. Premium Rate Increase Justification**

A rate increase is necessary at this time because Company experience on its Long-Term Care Insurance business indicates that the premium rates for these policy forms are inadequate. Premium rate increases that help to remediate poorly performing blocks of business and limit any future losses are important to maintaining the Company’s ability to meet policyholder obligations and pay future claims.

**A. Rate Increase Formula: Gap Analysis**

The current projected earned premium shortfall, or “Gap,” is calculated as the present value of future claims and expenses less the present value of future premium and the active life reserve as of 12/31/2016. Please note that experience associated with lives that are currently in a paid-up status due to a non-forfeiture benefit has been excluded from the calculation of the Gap Analysis. The Nationwide justified premium rate increase is calculated as the rate increase necessary so that the projected gap is zero.

Formulaically, Gap Analysis can be described as calculating the rate increase that would satisfy the equation below on a strictly prospective basis:

$$PV \text{ Incurred Claims} + PV \text{ Expenses} = PV \text{ Earned Premium} + \text{Active Life Reserves}$$

**B. Nationwide Justified Rate Increase**

The Nationwide justified increase is the rate increase which would satisfy Gap Analysis given actual Nationwide experience. As demonstrated in the table below, a rate increase of 54.4% on the Base policy form and riders combined with a rate increase of 119.1% on the Inflation Guard Rider percentage load would result in a projected Gap of \$0.0M. Values in the table below are shown in millions of dollars.

	<i>Base Increase: 54.4%</i> <i>IGR Load Increase: 119.1%</i>	
	<b>Before Increase</b>	<b>After Increase</b>
Nationwide Active Life Reserve (ALR)	158.3	158.3
Present Value of Nationwide Projected Earned Premium	111.5	177.0
Present Value of Nationwide Projected Future Expenses	25.2	25.0
Present Value of Nationwide Projected Incurred Claims	325.4	310.4
Expected Earned Premium Shortfall (Gap)	80.7	0.0

The impact of the Nationwide justified rate increase is demonstrated in **Exhibit 3a** through **Exhibit 3c**. In **Exhibit 3a** through **Exhibit 3c**, the values in the “Projected Future Experience After Nationwide Justified Rate Increase” section reflect the expected increase in Earned Premium, Waived Premium, and Premium-based claims and expenses given implementation of the above premium rate increases on 6/1/2018. These cash flows also include the impact of shock lapse, benefit reductions, anti-selection, and non-forfeiture residual liability resulting from the rate increase. These assumptions are described in more detail in Section V below.

**C. Requested Rate Increase**

State-specific justified rate increases are calculated to achieve equity across states with respect to the total amount of rate increases that will have been implemented in each state. In order to calculate the rate increase needed for this state specifically, the following formula was used:

$$\frac{(1 + \text{Nationwide Rate Increase Need})(1 + \text{Nationwide Cumulative Rate Increase to Date})}{(1 + \text{State-Specific Cumulative Rate Increase to Date})} - 1.$$

This formula was applied separately for the base policy rate increase need and the IGR Load rate increase need. Details of this calculation can be found in **Appendix A**.

**D. Minimum Loss Ratio Requirement**

Although the rate increases in this filing are not calculated to achieve a target loss ratio, this filing demonstrates that, even after implementation of the Nationwide justified rate increases, both the projected future loss ratio and the lifetime anticipated loss ratio for these forms are higher than the required minimum loss ratio and therefore benefits are reasonable in relation to premiums. The required minimum loss ratio for these policy forms is as follows:

Type of Coverage:	Long-Term Care Insurance
Renewal Clause:	Guaranteed Renewable
Required Minimum Loss Ratio:	60%

The current lifetime anticipated loss ratio is 101.7%; assuming the rate increases justified Nationwide are approved, the lifetime anticipated loss ratio will be 91.8%. These lifetime loss ratios are demonstrated in **Exhibit 3a**.

**V. Actuarial Assumptions**

The actuarial assumptions used to project the future premiums and claims are described in this section. **Appendix D** provides further details of the experience studies conducted that were used to develop the actuarial assumptions.

**A. Interest**

A 5.0% annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience to present values.

**B. Mortality**

The best estimate future mortality assumption is 100% of the Annuity 2000 Basic Table with mortality steepening factors applied, historical mortality improvement, and selection factors. Historical mortality improvement was assumed equal to 0.6% per year, with 2000 as the central year. The mortality assumption, including selection factors and historical mortality improvement, is based on industry expectations.

**C. Voluntary Lapse**

The voluntary lapse assumptions were developed from a policy persistency study conducted on the Company's experience on these forms and judgment. Lapse rates are combined with mortality rates to derive the total termination rate. In addition, benefit exhaustion rates were calculated and added to reflect policy termination when a person exhausts his benefit period. It is assumed all remaining policies would terminate at attained age 120. The lapse assumptions represent the best estimate expectations of future experience and do not include any provisions for adverse experience. All policies in this form series are currently in durations 14+, for which the lapse rates shown below are applicable. Lapse rates vary by marital status, inflation versus non-inflation and ROP versus non-ROP. The table below shows the detailed applicable lapse assumptions.

Ultimate Lapse Rate				
	Married		Single	
Duration	Inflation	Non-Inflation	Inflation	Non-Inflation
14	0.29%	0.84%	1.52%	1.73%
15+	0.24%	0.70%	1.26%	1.44%

Additional multiplier to apply to Lapse Rates for Gender	
Gender	Multiplier
Female	85.0%
Male	135.0%

For policies with an active ROP rider, an additional shock lapse rate of 10% is assumed in addition to the above-noted lapsed rates at durations 11, 21, 31, etc.

#### D. Morbidity Rates

The morbidity assumptions are based on a combination of the Company's historical claim experience on these forms from 2009 through 6/30/2016, the Milliman *2014 Long-Term Care Guidelines (Guidelines)* and judgment. The *Guidelines* reflect over \$25 billion of insured data and the experience and judgment of Milliman actuaries. The claim cost assumptions reflect the Company's current best estimate of future morbidity. In setting the morbidity assumptions, the policy design, underwriting and claim adjudication practices have been taken into consideration. The baseline assumptions do not include any adverse selection resulting from the rate increase, loads for moderately adverse experience, or future morbidity improvement.

#### E. Claim Reserves

The incurred claims shown in the Nationwide historical experience include paid claims, DLR, ICOS, and IBNR.

#### F. Expenses

The projected future experience uses the following expense assumptions:

Premium Tax – 2.5% of Paid Premium

Maintenance Expense – \$155 per insured with 2.0% inflation per year

Claim Expense – 3.5% of Base Paid Claims

Commissions – 16.0% of Paid Premium at the Original Premium Rate Level

#### G. Shock Lapse

At the time the proposed premium rate increases become effective, the additional shock lapse is assumed to be 8.2% for lives without an active Inflation Guard Rider and 10.0% for lives with an active Inflation Guard Rider. The shock lapse is in addition to the base lapse assumption for that projection period. The "shock lapse" effect of the rate increases is assumed to temporarily increase voluntary lapses in the year that the rate increases are implemented. The shock lapse is reflected in the projected future experience after the proposed rate increase in **Exhibit 3a** through **Exhibit 3c**.

#### **H. Benefit Reductions**

As described in Section II, the Company will give policyholders Benefit Reduction Offers to help mitigate the impact to policyholders of the premium rate increase. The impact of benefit reductions due to the proposed increases is assumed to be 1.3% for lives without an active Inflation Guard Rider and 2.3% for lives with an active Inflation Guard Rider. These percentages are reflected in the projected future experience after the proposed rate increase in **Exhibit 3a** through **Exhibit 3c**.

#### **I. Anti-Selection**

Policyholders in poor health tend to keep their current policies, while those in better health may be more likely to lapse. This results in anti-selection. This is modeled in our exhibits as a 1.1% morbidity load for lives without an active Inflation Guard Rider and a 1.6% morbidity load for lives with an active Inflation Guard Rider. These percentages are reflected in the projected future experience after the Nationwide rate increase in **Exhibit 3a** through **Exhibit 3c**.

#### **J. Non-forfeiture (NFO) Residual Liability**

The residual NFO liability captures the future claims expected to be incurred on policies which elect the non-forfeiture benefit. The impact of the ultimate residual NFO liability due to the proposed increases is assumed to be 0.6% for lives without an active Inflation Guard Rider and 0.8% for lives with an active Inflation Guard Rider. These percentages are reflected in the projected future experience after the proposed rate increase in **Exhibit 3a** through **Exhibit 3c**.

As stated above, it is known that policyholders in poor health tend to keep their current policies, while those in better health may be more likely to lapse or elect the NFO benefit. The residual NFO liability is expected to grade up over time as this selection effect wears off. Given the grading, the initial residual NFO liability is 20% of the ultimate rate, grading up to the ultimate rate over 10 years.

### **VI. Rate Increase History**

Prior approved rate increases for these policy forms in this state are summarized in **Appendix A**.

### **VII. Effective Date**

Policyholder notification of the rate increases will begin as soon as possible subject to state insurance department approval with the additional condition that no policyholder will receive the rate increases sooner than one year after receiving a previous rate increase.

### **VIII. Premium Profile**

The state-specific average total annualized premiums, per insured (including riders), before and after the requested premium rate increases are shown in **Appendix A**.

### **IX. Historical and Projected Future Experience**

**Exhibit 2a** through **Exhibit 2f** present historical experience since inception by “incurred year,” or “loss year,” for these policy forms and riders as of 12/31/2016. **Exhibit 2a** through **Exhibit 2c** contain



Nationwide experience and **Exhibit 2d** through **Exhibit 2f** contain the experience for only those policies sold in this state.

Future experience has been projected for 2017 and every year thereafter, as presented in **Exhibit 3a** through **Exhibit 3f**. In these exhibits, please note that the paid claims have been discounted with interest from the claim payment date back to the incurred date of the claim.

The present values of earned premium and incurred claims, discounted at 5.0% after application of the Nationwide justified rate increase and resulting shock lapse, benefit reductions, anti-selection, and NFO residual liability, are summarized in **Exhibit 3a** through **Exhibit 3c**. **Exhibit 3d** through **Exhibit 3f** contain the historical and projected experience, both with and without the impact of the rate increase requested, for only those policies sold in this state.

The lifetime anticipated loss ratio is defined as the present value of the historical and projected future claims divided by the present value of the historical and projected future earned premiums. Please note, the historical and projected experience demonstrated in **Exhibit 3a** through **Exhibit 3f** does include lives that are currently in a paid-up status due to election of a non-forfeiture benefit.

## **X. Summary of Appendices**

Multiple Appendices have been included with this filing. They are detailed below.

**Appendix A** contains information that is specific to the state in which this filing is made, such as the average annual premium, the number of policyholders inforce, etc. Similar information for Nationwide is also contained in this Appendix.

**Appendix B** contains a summary of the benefits included under each policy form grouping.

**Appendix C** contains a summary of the demographic distributions for inforce policies issued Nationwide as of 12/31/2016.

**Appendix D** contains a detailed summary of the development of the projection assumptions.

**Appendix E** contains a comparison of the actual total termination rates to both the original pricing assumptions and current assumptions.

## **XI. Summary of Exhibits**

Multiple Exhibits have been included with this filing. They are detailed below.

**Exhibit 1** contains the breakdown of policy counts, annualized premium, and average premium for all inforce policies by state under these products. This is shown for all policies, policies with active inflation riders, and policies without active inflation riders.

**Exhibit 2a** contains the historical Nationwide experience for all policies issued under these products by calendar year and duration. The presented experience excludes the ROP rider.

**Exhibit 2b** contains the historical Nationwide experience for all policies without an inflation rider issued under these products by calendar year and duration. The presented experience excludes the ROP rider.

**Exhibit 2c** contains the historical Nationwide experience for all policies with an inflation rider issued under these products by calendar year and duration. The presented experience excludes the ROP rider.

**Exhibit 2d** contains the historical Pennsylvania experience for all policies issued under these products by calendar year and duration. The presented experience excludes the ROP rider.

**Exhibit 2e** contains the historical Pennsylvania experience for all policies without an inflation rider issued under these products by calendar year and duration. The presented experience excludes the ROP rider.

**Exhibit 2f** contains the historical Pennsylvania experience for all policies with an inflation rider issued under these products by calendar year and duration. The presented experience excludes the ROP rider.

**Exhibit 3a** contains historical and projected Nationwide experience for all policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the Nationwide justified rate increase for these policies. The presented experience excludes the ROP rider.

**Exhibit 3b** contains historical and projected Nationwide experience for all policies without an active inflation rider issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the Nationwide justified rate increase for these policies. The presented experience excludes the ROP rider.

**Exhibit 3c** contains historical and projected Nationwide experience for all policies with an active inflation rider issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the Nationwide justified rate increase for these policies. The presented experience excludes the ROP rider.

**Exhibit 3d** contains historical and projected Pennsylvania experience for all policies issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the Pennsylvania proposed rate increase for these policies. The presented experience excludes the ROP rider.

**Exhibit 3e** contains historical and projected Pennsylvania experience for all policies without an active inflation rider issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the Pennsylvania proposed rate increase for these policies. The presented experience excludes the ROP rider.

**Exhibit 3f** contains historical and projected Pennsylvania experience for all policies with an active inflation rider issued under these products. The exhibit also includes the projected lifetime loss ratios both with and without the impact of the Pennsylvania proposed rate increase for these policies. The presented experience excludes the ROP rider.

## **XII. Actuarial Certification**

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws and regulations of the state in which it is filed and that it complies with applicable Actuarial Standards of Practice, including Actuarial Standard of Practice Number 8. I further certify that the anticipated loss ratio submitted herein is expected to develop over the period for which the rates are computed to provide coverage and the benefits are reasonable in relation to the premiums charged.



---

Stephanie Entzminger, FSA, MAAA  
Associate Actuary  
Continental General Insurance Company  
11001 Lakeline Blvd, Suite 120  
Austin, Texas 78717

**Continental General Insurance Company**  
**Appendix A**  
**Policy Forms: 420 Series et al.**  
**State-Specific Filing Information**

**Pennsylvania**

Requested Base Rate Increase: 36.7%

Requested IGR Load Increase: 208.2%

**1. Pennsylvania Lives Affected by Requested Rate Increase (Section III in Actuarial Memorandum)**

Total Pennsylvania lives affected by this filing:	140
Pennsylvania lives with an active Inflation Guard Rider affected by this filing:	79

**2. Calculation of Requested Rate Increase for Pennsylvania (Section IV in Actuarial Memorandum)**

Rate Increase Need for Base Policies and Riders

Required Nationwide Rate Increase for Base Policies and Riders:	54.4%
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Cumulative Pennsylvania Rate Increase to Date:	273.1%
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Cumulative Nationwide Rate Increase to Date:	230.4%
--	--------

Base Rate Increase Necessary for Pennsylvania:	36.7%
--	-------

Rate Increase Need for Inflation Guard Rider Percentage Load

Required Nationwide Rate Increase for the IGR Percentage Load:	119.1%
--	--------

Cumulative Pennsylvania Rate Increase to Date:	0.0%
--	------

Cumulative Nationwide Rate Increase to Date:	40.6%
--	-------

IGR Percentage Load Increase Necessary for Pennsylvania:	208.2%
--	--------

**3. Pennsylvania Rate Increase History (Section VI in Actuarial Memorandum)**

Base Rate History

Form 405	-20.0% in 1992, 45.0% in 2002, 41.0% in 2004, 15.0% in 2009, 15.0% in 2011, 15.0% in 2012, 20.0% in 2015
Form 420	45.0% in 2002, 41.0% in 2004, 15.0% in 2009, 15.0% in 2011, 15.0% in 2012, 20.0% in 2015
Form 432	45.0% in 2002, 41.0% in 2004, 15.0% in 2009, 15.0% in 2011, 15.0% in 2012, 20.0% in 2015

ROP & IGR Rate History

Form 420	15.0% ROP in 2009, 1.7% ROP in 2011
Form 432	15.0% ROP in 2009, 1.7% ROP in 2011

**4. Premium Profile (Section VIII in Actuarial Memorandum)**

The average annual premium for these forms and associated riders, prior to the requested rate increase, is:

Policies without an active Inflation Guard Rider:		Policies with an active Inflation Guard Rider:	
Pennsylvania	\$3,575	Pennsylvania	\$3,931
Nationwide	\$3,036	Nationwide	\$3,264

The average annual premium for this form and associated riders, after the requested rate increase, is:

Policies without an active Inflation Guard Rider:		Policies with an active Inflation Guard Rider:	
Pennsylvania	\$4,888	Pennsylvania	\$9,060

**Continental General Insurance Company**

**Appendix B**

**Policy Forms: 420 Series et al.**

**Description of Benefits**

Policy Form	Benefit Description	Primary Payment Type	Home Health Care Payment Type	Lifetime Maximum (Years or \$ Amount)	Elimination Periods	Available Riders
<b>Product Series 405</b>						
405	Facility Only Long-Term Care with Optional HHC Rider	Indemnity	Reimbursement	2, 5 years, Lifetime	0, 20, 100, 365 days	1, 2, 3
408	Comprehensive Long-Term Care	Reimbursement	Reimbursement	\$ 50K	0, 20, 90 days	2
409	Comprehensive Long-Term Care	Reimbursement	Reimbursement	\$ 100K, \$ 250K, Unlimited	0, 20, 90 days	2
410	Comprehensive Long-Term Care	Indemnity	Reimbursement	2, 5 years, Lifetime	0, 20, 100, 180, 365 days	2
411	Facility Only Long-Term Care with Optional HHC Rider	Indemnity	Reimbursement	2, 5 years, Lifetime	0, 20, 100, 180, 365 days	2, 7
414	Qualified Comprehensive Long-Term Care	Indemnity	Reimbursement	\$ 25K, \$ 50K, \$ 100K, \$250K, Unlimited	0, 20, 90 days	none
<b>Product Series 420</b>						
420	Facility Only Long-Term Care with Optional HHC Rider	Indemnity	Reimbursement	2, 4 years, Lifetime	0, 30 100 days	1, 2, 3, 4, 5
421	Facility Only Long-Term Care with Optional HHC Rider	Indemnity	Reimbursement	2, 4 years, Lifetime	0, 30, 100 days	2, 3, 7
422	Comprehensive Long-Term Care	Reimbursement	Reimbursement	\$ 50K, \$ 100K, \$ 250K, Unlimited	0, 30, 90 days	2, 3, 4, 5
423	Comprehensive Long-Term Care	Reimbursement	Reimbursement	2, 4 years, Lifetime	0, 20, 100 days	1, 2, 3
428	Facility Only Long-Term Care	Indemnity	None	2, 4 years, Lifetime	0, 30, 100 days	2, 3, 4, 5
429	Comprehensive Long-Term Care	Indemnity	Reimbursement	\$ 100K, \$ 250K, Unlimited	0, 20, 90 days	2, 3, 4, 5
430	Comprehensive Long-Term Care	Indemnity	Reimbursement	2, 4 years, Lifetime	0, 30, 100 days	2, 3
431	Facility Only Long-Term Care with Optional HHC Rider	Indemnity	Reimbursement	2, 4 years, Lifetime	0, 30, 100 days	1, 2, 3, 4, 6
432	Facility Only Long-Term Care with Optional HHC Rider	Indemnity	Reimbursement	2, 4 years, Lifetime	0, 30, 100 days	1, 2, 3
435	Facility Only Long-Term Care with Optional HHC Rider	Indemnity	Reimbursement	2, 4 years, Lifetime	0, 30, 100 days	1, 3
436	Comprehensive Long-Term Care	Indemnity	Reimbursement	2, 4 years, Lifetime	0, 30, 100 days	2, 3, 4

**Riders:**

- 1 Home Health Care
- 2 Inflation guard
- 3 Return of Premium
- 4 Guaranteed Purchase Option
- 5 Non-Forfeiture Rider
- 6 Community Care
- 7 Home and Community Care

\* At issue, the insured chooses the daily benefit limit, the elimination period, and the maximum benefit period, as well as any optional riders.

**Continental General Insurance Company**  
**Appendix C**  
**Policy Forms: 420 Series et al.**  
**Distribution of Inforce Business as of 12/31/2016**  
**All Non-NFO Policies - Nationwide**

Issue Year	Count	% of Count	Premium	% of Premium
1991	3	0%	8,289	0%
1992	12	0%	34,864	0%
1993	49	1%	108,479	1%
1994	160	3%	507,577	3%
1995	665	11%	2,034,678	11%
1996	1,731	30%	5,348,022	30%
1997	1,172	20%	3,605,086	20%
1998	960	16%	2,949,387	16%
1999	591	10%	1,852,388	10%
2000	365	6%	1,150,980	6%
2001	106	2%	337,349	2%
2002	49	1%	158,814	1%
2003	1	0%	2,235	0%
Grand Total	5,864	100%	18,098,148	100%

Issue Age	Count	% of Count	Premium	% of Premium
Less than 45	31	1%	74,853	0%
45 - 49	225	4%	567,061	3%
50 - 54	734	13%	1,688,924	9%
55 - 59	1,430	24%	3,545,918	20%
60 - 64	1,840	31%	5,703,303	32%
65 - 69	1,162	20%	4,273,438	24%
70 - 74	363	6%	1,716,175	9%
75 - 79	72	1%	482,152	3%
Over 79	7	0%	46,324	0%
Grand Total	5,864	100%	18,098,148	100%

Attained Age	Count	% of Count	Premium	% of Premium
Less than 50	2	0%	5,999	0%
50 - 54	1	0%	1,155	0%
55 - 59	16	0%	39,660	0%
60 - 64	59	1%	169,608	1%
65 - 69	350	6%	833,929	5%
70 - 74	834	14%	2,034,450	11%
75 - 79	1,521	26%	3,950,201	22%
80 - 84	1,696	29%	5,366,827	30%
85 - 89	897	15%	3,356,896	19%
Over 89	488	8%	2,339,422	13%
Grand Total	5,864	92%	18,098,148	87%

Gender	Count	% of Count	Premium	% of Premium
F	3,636	62%	11,053,983	61%
M	2,228	38%	7,044,164	39%
Grand Total	5,864	100%	18,098,148	100%

Inflation Options	Count	% of Count	Premium	% of Premium
None	2,613	45%	7,591,392	42%
GPO	77	1%	478,054	3%
Compound 5% for 20 Years	2,322	40%	6,781,130	37%
Compound 5%	852	15%	3,247,571	18%
Grand Total	5,864	100%	18,098,148	100%

Elimination Period Days	Count	% of Count	Premium	% of Premium
0	1,363	23%	4,887,334	27%
20	63	1%	179,067	1%
30	1,311	22%	4,212,968	23%
90	766	13%	1,894,717	10%
100	2,356	40%	6,905,602	38%
180	4	0%	12,494	0%
365	1	0%	5,966	0%
Grand Total	5,864	100%	18,098,148	100%

Benefit Period	Count	% of Count	Premium	% of Premium
Less than 1 year	-	0%	-	0%
1 - 2 years	6	0%	9,800	0%
2 - 3 years	529	9%	1,218,950	7%
3 - 4 years	56	1%	100,222	1%
4 - 5 years	1,174	20%	3,416,078	19%
5 years - Lifetime	314	5%	813,869	4%
Lifetime	3,785	65%	12,539,229	69%
Grand Total	5,864	100%	18,098,148	100%

Marital Status	Count	% of Count	Premium	% of Premium
Married	4,428	76%	12,483,573	69%
Single	1,436	24%	5,614,575	31%
Grand Total	5,864	100%	18,098,148	100%

Tax Status	Count	% of Count	Premium	% of Premium
TQ	-	0%	-	0%
NTQ	5,864	100%	18,098,148	100%
Grand Total	5,864	100%	18,098,148	100%

**Continental General Insurance Company**  
**Appendix D**  
**Actuarial Assumption Development**

Appendix D contains a description of the experience studies conducted on the Company's actual experience.

**Termination Study**

A termination study was conducted on the Company's actual termination experience from 2002 to 6/30/2016 on forms issued by Continental General Insurance Company. The study measured total termination rates.

The mortality assumption, including selection factors and mortality improvement, is based on industry expectations. Assumed mortality is equal to 100% of the Annuity 2000 Basic Table with mortality steepening factors applied, historical mortality improvement, and selection factors.

The future expected voluntary lapse assumptions were developed based on the historical implied lapse experience and judgment. Historical implied lapses were determined by subtracting expected deaths, using the mortality assumptions discussed above, and actual benefit exhaustions from total terminations. The expected voluntary lapse rates vary by inflation option, spousal discount, gender, and policy duration.

Exhibit D-1 contains the comparison of implied lapse experience to the current lapse assumptions. The Exhibit shows total lives, actual total terminations and expected deaths. The voluntary lapse rates are shown as described above, as historical implied lapses and expected lapses.

**Morbidity Study**

A morbidity study was also conducted on the Company's actual experience from 2009 to 6/30/2016 on forms issued by Continental General Insurance Company. Actual claims were measured against the Milliman 2014 *Long Term Care Guidelines (Guidelines)*. Actual-to-expected fitting factors were developed based on the actual experience and judgment.

Actual incurred claims are based on paid claims and remaining claim reserves discounted (using an interest rate of 4.5% for this experience study) back to the claim incurred date. The claim reserves were discounted from valuation date to the claim incurred date using a 4.5% discount rate and excluding any waiver of premium load, LAE load and explicit margin. Actual claims include approximately \$14 million of IBNR as of June 30, 2016, which is allocated to incurred year as follows: approximately 64% to incurred year 2016, 23% to incurred year 2015, and 13% to incurred year 2014. Actual incurred claims are calculated by adding together the present value of paid claims and claim reserves. Actual average claim severity was calculated by dividing actual incurred claims by the count of claims. In this study, waiver of premium was excluded from both the actual claims and expected claims.

Expected claims were based on the *Guidelines* and include selection factors and actual-to-expected fitting factors. The actual-to-expected fitting factors varied by coverage type, benefit period, payment type, marital status, and form. No future morbidity improvement is assumed.

Exhibit D-2 contains the comparison of actual claim experience to the current assumptions.



**Continental General Insurance Company**  
**Appendix D**  
**Exhibit D-1**  
**Termination Study**

**Experience by Policy Duration**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate	
		Count	Rate	Expected		Implied	Expected
1	1,975	476	24.1%	0.4%		23.7%	23.5%
2	3,842	796	20.7%	0.7%		20.0%	18.9%
3	5,291	680	12.9%	0.8%		12.1%	11.2%
4	6,980	653	9.4%	0.9%		8.5%	8.4%
5	9,830	631	6.4%	1.0%		5.4%	5.5%
6	11,977	676	5.6%	1.1%		4.5%	4.6%
7	15,170	738	4.9%	1.3%		3.5%	3.9%
8	16,198	709	4.4%	1.5%		2.9%	3.0%
9	15,970	648	4.1%	1.6%		2.4%	2.4%
10	15,424	760	4.9%	1.8%		3.1%	1.6%
11	14,549	613	4.2%	1.9%		2.2%	1.4%
12	13,768	479	3.5%	2.1%		1.3%	1.2%
13	13,086	529	4.0%	2.3%		1.7%	1.1%
14	12,099	475	3.9%	2.5%		1.3%	0.9%
15+	41,539	2,129	5.1%	3.5%		1.4%	0.7%
Total	197,697	10,992	5.6%	2.0%		3.5%	3.1%

**Notes:**

- 1) Experience from 2002 through 6/30/2016.
- 2) Expected Mortality Rate is 100% of the Annuity 2000 Basic Table with mortality steepening factors applied, historical mortality improvement, and selection factors.
- 3) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate minus the Actual Benefit Exhaust Rate.
- 4) Current Voluntary Lapse Rate is the current projection assumption.  
Since these vary by inflation benefit option, spousal discount, and gender the rates shown above are composites.  
The ultimate lapse rate begins in duration 15.
- 5) Includes only lifetime pay policies (excludes 5 pay and 10 pay).

**Continental General Insurance Company**  
**Appendix D**  
**Exhibit D-2**  
**Policy Forms: 420 Series et al.**  
**Claim Study**

**Experience by Policy Duration**

<b>Policy Duration</b>	<b>Total Lives</b>	<b>Actual Claim Count</b>	<b>Actual Incurred Claims</b>	<b>Expected Incurred Claims</b>	<b>Actual to Expected</b>
6	1	-	-	1,331.97	0%
7	39	-	-	25,629	0%
8	124	-	-	102,948	0%
9	382	4	545,818	321,394	170%
10	1,127	15	1,120,926	1,046,009	107%
11	2,262	36	4,054,217	2,567,362	158%
12	3,870	64	4,999,003	5,255,973	95%
13	6,344	133	12,159,845	10,110,730	120%
14	7,845	169	13,782,102	14,261,618	97%
15	8,177	178	13,438,447	16,771,177	80%
16	7,845	228	19,557,041	17,673,639	111%
17	7,123	238	22,008,392	17,924,002	123%
18	6,060	197	18,612,394	16,961,226	110%
19	4,643	182	17,866,118	14,686,598	122%
20	2,876	106	9,270,585	9,922,491	93%
21	1,146	53	3,512,981	4,362,364	81%
22	314	14	1,030,592	1,151,455	90%
23	84	1	55,472	219,764	25%
24	24	1	14,985	70,182	21%
25+	8	1	142,093	15,876	895%
<b>Total</b>	<b>60,293</b>	<b>1,622</b>	<b>142,171,013</b>	<b>133,451,768</b>	<b>107%</b>

**Experience by Year**

<b>Calendar Year</b>	<b>Total Lives</b>	<b>Actual Claim Count</b>	<b>Actual Incurred Claims</b>	<b>Expected Incurred Claims</b>	<b>Actual to Expected</b>
2009	9,343	196	16,066,276	14,816,855	108%
2010	8,874	191	15,502,498	15,770,195	98%
2011	8,455	224	17,992,147	16,331,985	110%
2012	8,121	207	20,087,942	17,511,700	115%
2013	7,752	228	21,518,507	18,453,383	117%
2014	7,383	222	20,824,442	19,475,840	107%
2015	6,991	254	20,837,416	20,305,684	103%
2016	3,373	100	9,341,783	10,786,127	87%
<b>Total</b>	<b>60,293</b>	<b>1,622</b>	<b>142,171,013</b>	<b>133,451,768</b>	<b>107%</b>

**Notes:**

- 1) Experience from 2009 through 6/30/2016.
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date.
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred date.
- 4) Severity is defined as incurred claims divided by the count of claims.
- 5) Expected Claims are based on the Milliman 2014 *Long-Term Care Guidelines* (including Product Factors).
- 6) Claim dollar amounts are discounted using a 4.50% interest rate (both actual and expected).
- 7) Please note that claim experience related to this policy form grouping is considered 100.0% credible.

**Continental General Insurance Company**

**Appendix E**

**Policy Forms: 420 Series et al.**

**Policy Persistency Comparison**

Policy Duration	<u>Actual Experience</u>		<u>Original Pricing Assumptions</u>		<u>Current Assumptions</u>		
	Total Lives	Total Terminations	Lives with ROP Total Terminations	Lives without ROP Total Terminations	Lapse	Mortality	Total Terminations
1	136	15.4%	20.0%	22.0%	23.0%	0.3%	23.3%
2	358	7.8%	16.0%	18.0%	18.9%	0.5%	19.2%
3	1,152	10.9%	13.0%	15.0%	11.2%	0.6%	11.8%
4	2,437	8.3%	11.0%	13.5%	8.4%	0.7%	9.0%
5	4,301	5.6%	9.0%	12.0%	5.5%	0.9%	6.3%
6	6,696	5.1%	8.0%	12.0%	4.6%	1.1%	5.6%
7	10,223	4.3%	7.0%	12.0%	3.9%	1.3%	5.1%
8	11,544	3.7%	6.0%	12.0%	3.0%	1.4%	4.4%
9	11,606	3.9%	5.0%	12.0%	2.5%	1.6%	4.1%
10	11,331	5.0%	5.0%	12.0%	1.6%	1.8%	3.4%
11	10,785	4.3%	5.0%	12.0%	1.4%	2.0%	3.4%
12	10,295	3.4%	5.0%	12.0%	1.3%	2.1%	3.4%
13	9,851	4.0%	5.0%	12.0%	1.1%	2.3%	3.4%
14	9,269	3.8%	5.0%	12.0%	0.9%	2.5%	3.4%
15	8,685	4.8%	5.0%	12.0%	0.7%	2.8%	3.6%
16	7,933	4.6%	5.0%	12.0%	0.7%	3.1%	3.8%
17	6,883	5.0%	5.0%	12.0%	0.7%	3.6%	4.3%
18	5,622	5.3%	5.0%	12.0%	0.7%	4.0%	4.7%
19	4,079	6.7%	5.0%	12.0%	0.7%	4.5%	5.2%
20+	2,748	7.0%	5.0%	12.0%	0.8%	5.4%	6.1%

Notes:

- 1) Experience is 2002 through 6/30/16.
- 2) The "Original Pricing Assumptions" are those assumptions provided in the original pricing Actuarial Memorandum.
- 3) The "Current Assumptions" are those used in the projection for the current rate filing.  
 Since Lapse Rates vary by inflation benefit option, spousal discount, and gender, the rates shown above are composite.  
 The ultimate lapse rate starts in duration 15.  
 The mortality assumptions are 100% of the Annuity 2000 Basic Table with mortality steepening factors applied, historical mortality improvement, and selection factors.
- 4) The results shown above include only lifetime pay policies (excludes 5 pay and 10 pay).

**Exhibit 1**  
**Continental General Insurance Company**  
**Policy Forms: 420 Series et al.**  
**Nationwide Premium-Paying Lives**  
**As of 12/31/16**

Issue State	Combined			Lives with Active Inflation			Lives without Active Inflation		
	Lives	Annualized Premium	Average Premium	Lives	Annualized Premium	Average Premium	Lives	Annualized Premium	Average Premium
AL	37	111,120	3,003	17	46,091	2,711	20	65,029	3,251
AZ	28	85,199	3,043	23	67,235	2,923	5	17,964	3,593
AR	11	19,419	1,765	6	9,578	1,596	5	9,840	1,968
CA	5	14,891	2,978	4	12,775	3,194	1	2,116	2,116
CO	115	370,530	3,222	73	229,877	3,149	42	140,654	3,349
CT	58	143,251	2,470	29	60,307	2,080	29	82,944	2,860
DE	1	4,223	4,223	1	4,223	4,223	-	-	-
FL	338	664,866	1,967	139	271,086	1,950	199	393,780	1,979
GA	135	333,327	2,469	63	145,320	2,307	72	188,006	2,611
HI	71	295,237	4,158	64	249,915	3,905	7	45,321	6,474
ID	2	11,561	5,781	1	1,874	1,874	1	9,687	9,687
IL	324	1,241,706	3,832	173	688,793	3,981	151	552,913	3,662
IN	144	298,094	2,070	95	180,014	1,895	49	118,079	2,410
IA	568	1,639,482	2,886	363	1,072,682	2,955	205	566,800	2,765
KS	644	1,700,236	2,640	386	973,353	2,522	258	726,883	2,817
KY	52	146,562	2,818	16	42,649	2,666	36	103,913	2,886
LA	25	72,474	2,899	5	20,738	4,148	20	51,737	2,587
MD	1	1,820	1,820	-	-	-	1	1,820	1,820
MA	8	17,937	2,242	1	2,182	2,182	7	15,755	2,251
MI	53	249,058	4,699	31	162,604	5,245	22	86,454	3,930
MN	906	2,177,999	2,404	457	1,063,002	2,326	449	1,114,997	2,483
MS	7	24,001	3,429	4	12,584	3,146	3	11,417	3,806
MO	181	513,450	2,837	108	301,032	2,787	73	212,418	2,910
MT	17	72,359	4,256	12	49,349	4,112	5	23,010	4,602
NE	787	3,201,681	4,068	433	1,943,862	4,489	354	1,257,819	3,553
NV	7	31,206	4,458	3	7,894	2,631	4	23,311	5,828
NC	60	208,934	3,482	27	83,385	3,088	33	125,548	3,804
ND	100	386,789	3,868	58	220,490	3,802	42	166,299	3,959
OH	271	979,221	3,613	149	595,675	3,998	122	383,546	3,144
OK	98	194,506	1,985	46	87,761	1,908	52	106,745	2,053
OR	1	2,584	2,584	1	2,584	2,584	-	-	-
PA	140	484,517	3,461	79	284,633	3,603	61	199,884	3,277
RI	1	3,326	3,326	-	-	-	1	3,326	3,326
SC	5	20,197	4,039	1	6,695	6,695	4	13,503	3,376
SD	69	422,672	6,126	30	130,822	4,361	39	291,850	7,483
TN	123	382,758	3,112	38	145,221	3,822	85	237,536	2,795
TX	210	685,560	3,265	91	305,119	3,353	119	380,441	3,197
UT	4	10,019	2,505	2	4,964	2,482	2	5,054	2,527
VA	31	103,815	3,349	17	50,265	2,957	14	53,550	3,825
WA	7	39,051	5,579	7	39,051	5,579	-	-	-
WV	16	55,029	3,439	7	26,486	3,784	9	28,543	3,171
WI	186	611,670	3,289	105	396,521	3,776	81	215,148	2,656
WY	17	65,818	3,872	9	30,012	3,335	8	35,806	4,476
Total	5,864	18,098,148	3,086	3,174	10,028,702	3,160	2,690	8,069,446	3,000

**Exhibit 2a**  
**Continental General Insurance Company**  
**Policy Forms: 420 Series et al.**  
**Nationwide**  
**Base Policy and Riders excluding ROP Rider**  
**Policies With and Without Active Inflation Guard Rider**

**Historical Experience by Loss Year**  
**As of 12/31/2016**

Year	Earned Premium	Incurred Claims	Loss Ratio
1987	181,295	22,801	12.6%
1988	372,801	73,343	19.7%
1989	384,953	102,688	26.7%
1990	357,955	113,515	31.7%
1991	363,911	142,894	39.3%
1992	405,158	187,373	46.2%
1993	673,323	92,086	13.7%
1994	1,215,627	190,663	15.7%
1995	3,213,274	271,135	8.4%
1996	6,986,198	1,470,015	21.0%
1997	12,633,435	2,653,628	21.0%
1998	15,476,583	7,029,710	45.4%
1999	16,521,198	6,478,340	39.2%
2000	17,406,713	5,393,614	31.0%
2001	17,589,072	7,221,521	41.1%
2002	17,550,435	7,987,199	45.5%
2003	17,798,651	17,057,363	95.8%
2004	18,951,524	11,052,741	58.3%
2005	21,665,584	14,221,835	65.6%
2006	22,295,915	11,737,425	52.6%
2007	21,047,119	12,389,313	58.9%
2008	19,902,586	17,286,146	86.9%
2009	18,118,620	17,476,925	96.5%
2010	17,538,157	15,566,892	88.8%
2011	18,072,651	20,744,952	114.8%
2012	18,664,771	22,338,430	119.7%
2013	18,627,855	24,357,539	130.8%
2014	17,822,615	22,520,245	126.4%
2015	15,727,552	21,676,442	137.8%
2016	16,688,815	25,735,070	154.2%
Total	374,254,347	293,591,843	78.4%

**Historical Experience by Duration**  
**As of 12/31/2016**

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	22,454,315	1,187,585	5.3%
2	20,255,079	3,456,492	17.1%
3	19,006,226	5,894,023	31.0%
4	18,477,996	5,898,867	31.9%
5	18,194,466	8,685,078	47.7%
6	18,522,843	10,110,099	54.6%
7	18,739,282	10,570,832	56.4%
8	19,487,124	14,123,083	72.5%
9	20,890,953	15,037,501	72.0%
10	21,792,469	14,855,452	68.2%
11	20,914,857	19,148,421	91.6%
12	19,931,741	16,808,084	84.3%
13	19,281,058	18,068,030	93.7%
14	18,729,734	18,145,673	96.9%
15	18,641,896	15,927,235	85.4%
16	18,396,463	21,748,479	118.2%
17	17,366,451	25,151,750	144.8%
18	15,379,634	21,952,186	142.7%
19	12,241,572	22,737,297	185.7%
20	9,152,533	14,137,875	154.5%
21	4,430,845	6,216,142	140.3%
22	1,495,034	2,698,804	180.5%
23	348,867	616,191	176.6%
24	95,400	84,587	88.7%
25	22,151	331,276	1495.5%
26	3,362	800	23.8%
27	1,530	0	0.0%
28	466	0	0.0%
Total	374,254,347	293,591,843	78.4%

**Present Values at 5%**

	Earned Premium	Incurred Claims	Loss Ratio
Nationwide			
Historical	644,646,507	440,254,143	68.3%

**Exhibit 2b**  
**Continental General Insurance Company**  
**Policy Forms: 420 Series et al.**  
**Nationwide**  
**Base Policy and Riders excluding ROP Rider**  
**Policies Without Active Inflation Guard Rider**

**Historical Experience by Loss Year**  
**As of 12/31/2016**

Year	Earned Premium	Incurred Claims	Loss Ratio
1987	181,295	22,801	12.6%
1988	372,801	73,343	19.7%
1989	384,953	102,688	26.7%
1990	357,955	113,515	31.7%
1991	359,234	142,894	39.8%
1992	374,281	187,373	50.1%
1993	574,749	70,906	12.3%
1994	965,013	153,040	15.9%
1995	2,396,699	240,442	10.0%
1996	4,949,584	1,232,378	24.9%
1997	8,651,095	2,506,148	29.0%
1998	10,426,084	5,509,813	52.8%
1999	11,003,273	4,997,264	45.4%
2000	11,424,224	4,140,460	36.2%
2001	11,474,202	5,964,672	52.0%
2002	11,555,508	6,260,140	54.2%
2003	11,513,309	13,041,970	113.3%
2004	12,145,611	8,125,306	66.9%
2005	13,630,313	11,138,314	81.7%
2006	13,844,778	9,643,709	69.7%
2007	12,871,872	9,210,712	71.6%
2008	11,784,153	11,523,663	97.8%
2009	10,717,048	11,557,807	107.8%
2010	10,129,051	8,986,153	88.7%
2011	10,100,328	11,892,065	117.7%
2012	10,168,724	12,043,295	118.4%
2013	9,796,381	11,622,049	118.6%
2014	9,030,680	10,468,254	115.9%
2015	7,241,748	11,728,892	162.0%
2016	7,732,759	9,990,918	129.2%
Total	226,157,705	182,690,984	80.8%

**Historical Experience by Duration**  
**As of 12/31/2016**

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	14,737,220	1,099,965	7.5%
2	13,301,264	2,949,728	22.2%
3	12,455,849	4,655,650	37.4%
4	12,112,039	4,655,081	38.4%
5	11,968,195	7,154,287	59.8%
6	12,051,431	7,448,403	61.8%
7	12,139,272	8,740,286	72.0%
8	12,378,729	11,141,772	90.0%
9	13,079,844	11,042,142	84.4%
10	13,546,301	11,321,132	83.6%
11	12,863,769	12,675,046	98.5%
12	11,954,222	10,611,573	88.8%
13	11,424,015	12,694,605	111.1%
14	10,690,439	11,781,798	110.2%
15	10,385,993	9,335,625	89.9%
16	9,920,023	11,142,408	112.3%
17	9,041,194	13,330,213	147.4%
18	7,885,186	10,203,362	129.4%
19	6,162,910	10,021,976	162.6%
20	4,588,606	5,496,553	119.8%
21	2,353,219	3,088,421	131.2%
22	852,526	1,456,172	170.8%
23	198,395	573,091	288.9%
24	51,846	66,779	128.8%
25	10,809	4,606	42.6%
26	2,415	311	12.9%
27	1,530	0	0.0%
28	466	0	0.0%
Total	226,157,705	182,690,984	80.8%

**Present Values at 5%**

	Earned Premium	Incurred Claims	Loss Ratio
Nationwide			
Historical	402,588,045	289,396,811	71.9%

**Exhibit 2c**  
**Continental General Insurance Company**  
**Policy Forms: 420 Series et al.**  
**Nationwide**  
**Base Policy and Riders excluding ROP Rider**  
**Policies With Active Inflation Guard Rider**

**Historical Experience by Loss Year**  
**As of 12/31/2016**

Year	Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	4,677	0	0.0%
1992	30,877	0	0.0%
1993	98,574	21,180	21.5%
1994	250,615	37,623	15.0%
1995	816,575	30,693	3.8%
1996	2,036,613	237,637	11.7%
1997	3,982,341	147,480	3.7%
1998	5,050,499	1,519,897	30.1%
1999	5,517,925	1,481,076	26.8%
2000	5,982,489	1,253,154	20.9%
2001	6,114,870	1,256,849	20.6%
2002	5,994,927	1,727,059	28.8%
2003	6,285,341	4,015,393	63.9%
2004	6,805,913	2,927,435	43.0%
2005	8,035,271	3,083,520	38.4%
2006	8,451,137	2,093,717	24.8%
2007	8,175,247	3,178,601	38.9%
2008	8,118,433	5,762,483	71.0%
2009	7,401,572	5,919,119	80.0%
2010	7,409,106	6,580,739	88.8%
2011	7,972,323	8,852,887	111.0%
2012	8,496,046	10,295,135	121.2%
2013	8,831,475	12,735,490	144.2%
2014	8,791,936	12,051,992	137.1%
2015	8,485,804	9,947,550	117.2%
2016	8,956,056	15,744,152	175.8%
Total	148,096,641	110,900,860	74.9%

**Historical Experience by Duration**  
**As of 12/31/2016**

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	7,717,095	87,620	1.1%
2	6,953,816	506,765	7.3%
3	6,550,377	1,238,373	18.9%
4	6,365,957	1,243,787	19.5%
5	6,226,270	1,530,790	24.6%
6	6,471,412	2,661,697	41.1%
7	6,600,009	1,830,545	27.7%
8	7,108,395	2,981,312	41.9%
9	7,811,109	3,995,359	51.1%
10	8,246,168	3,534,320	42.9%
11	8,051,088	6,473,375	80.4%
12	7,977,519	6,196,511	77.7%
13	7,857,043	5,373,425	68.4%
14	8,039,295	6,363,875	79.2%
15	8,255,903	6,591,610	79.8%
16	8,476,440	10,606,071	125.1%
17	8,325,258	11,821,537	142.0%
18	7,494,449	11,748,824	156.8%
19	6,078,662	12,715,321	209.2%
20	4,563,926	8,641,322	189.3%
21	2,077,626	3,127,721	150.5%
22	642,508	1,242,631	193.4%
23	150,471	43,100	28.6%
24	43,554	17,809	40.9%
25	11,342	326,670	2880.1%
26	947	489	51.6%
27	0	0	0.0%
28	0	0	0.0%
Total	148,096,641	110,900,860	74.9%

**Present Values at 5%**

	Earned Premium	Incurred Claims	Loss Ratio
Nationwide			
Historical	242,058,463	150,857,332	62.3%

**Exhibit 2d**  
**Continental General Insurance Company**  
**Policy Forms: 420 Series et al.**  
**Pennsylvania**  
**Base Policy and Riders excluding ROP Rider**  
**Policies With and Without Active Inflation Guard Rider**

**Historical Experience by Loss Year**  
**As of 12/31/2016**

Year	Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	243	0	0.0%
1992	861	0	0.0%
1993	19,021	0	0.0%
1994	45,989	0	0.0%
1995	75,934	0	0.0%
1996	127,412	0	0.0%
1997	243,794	0	0.0%
1998	376,178	286,327	76.1%
1999	476,653	503	0.1%
2000	515,299	102,234	19.8%
2001	514,784	197,221	38.3%
2002	545,291	314,674	57.7%
2003	560,291	374,083	66.8%
2004	626,466	269,755	43.1%
2005	641,781	36,106	5.6%
2006	639,007	137,866	21.6%
2007	601,436	365,921	60.8%
2008	535,254	223,152	41.7%
2009	490,856	542,939	110.6%
2010	484,320	862	0.2%
2011	461,819	99,509	21.5%
2012	478,941	0	0.0%
2013	455,087	3,208	0.7%
2014	425,987	873,481	205.0%
2015	332,616	321,310	96.6%
2016	440,169	490,128	111.3%
Total	10,115,489	4,639,280	45.9%

**Historical Experience by Duration**  
**As of 12/31/2016**

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	669,733	0	0.0%
2	639,179	645	0.1%
3	587,763	297,130	50.6%
4	561,585	43,861	7.8%
5	514,445	154,566	30.0%
6	560,037	361,588	64.6%
7	566,337	239,222	42.2%
8	591,107	320,874	54.3%
9	612,670	162,901	26.6%
10	632,627	30,366	4.8%
11	550,541	573,336	104.1%
12	505,120	202,149	40.0%
13	503,917	131,188	26.0%
14	461,198	421,698	91.4%
15	468,083	284,450	60.8%
16	440,842	76,050	17.3%
17	374,003	182,260	48.7%
18	347,968	389,522	111.9%
19	259,276	73,411	28.3%
20	145,250	667,521	459.6%
21	67,177	8,622	12.8%
22	37,839	9,152	24.2%
23	15,447	7,044	45.6%
24	2,984	1,541	51.6%
25	359	186	51.6%
26	0	0	0.0%
27	0	0	0.0%
28	0	0	0.0%
Total	10,115,489	4,639,280	45.9%

**Present Values at 5%**

	Earned Premium	Incurred Claims	Loss Ratio
Pennsylvania			
Historical	17,395,031	7,179,332	41.3%



**Exhibit 2e**  
**Continental General Insurance Company**  
**Policy Forms: 420 Series et al.**  
**Pennsylvania**  
**Base Policy and Riders excluding ROP Rider**  
**Policies Without Active Inflation Guard Rider**

**Historical Experience by Loss Year**  
**As of 12/31/2016**

Year	Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	178	0	0.0%
1992	185	0	0.0%
1993	13,457	0	0.0%
1994	32,254	0	0.0%
1995	57,631	0	0.0%
1996	94,630	0	0.0%
1997	155,389	0	0.0%
1998	238,769	0	0.0%
1999	286,965	83	0.0%
2000	305,784	102,234	33.4%
2001	304,635	82,652	27.1%
2002	324,851	188,948	58.2%
2003	321,077	331,225	103.2%
2004	356,081	269,755	75.8%
2005	359,060	36,106	10.1%
2006	342,114	137,866	40.3%
2007	322,767	220,477	68.3%
2008	282,068	158,684	56.3%
2009	246,699	305,045	123.7%
2010	246,236	862	0.4%
2011	211,164	99,509	47.1%
2012	211,846	0	0.0%
2013	190,494	3,208	1.7%
2014	173,366	420,542	242.6%
2015	118,154	176,820	149.7%
2016	184,356	170,636	92.6%
Total	5,380,207	2,704,653	50.3%

**Historical Experience by Duration**  
**As of 12/31/2016**

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	400,836	0	0.0%
2	377,754	0	0.0%
3	345,223	10,802	3.1%
4	330,214	43,441	13.2%
5	301,412	154,566	51.3%
6	315,797	181,075	57.3%
7	314,693	137,225	43.6%
8	331,205	320,874	96.9%
9	337,321	162,901	48.3%
10	352,468	30,366	8.6%
11	291,853	369,674	126.7%
12	270,962	195,899	72.3%
13	255,409	131,109	51.3%
14	216,030	182,930	84.7%
15	216,546	14,281	6.6%
16	194,088	2,408	1.2%
17	163,881	88,652	54.1%
18	145,362	260,615	179.3%
19	114,546	59,753	52.2%
20	52,441	346,612	660.9%
21	34,597	5,600	16.2%
22	17,506	5,837	33.3%
23	64	33	51.6%
24	0	0	0.0%
25	0	0	0.0%
26	0	0	0.0%
27	0	0	0.0%
28	0	0	0.0%
Total	5,380,207	2,704,653	50.3%

**Present Values at 5%**

	Earned Premium	Incurred Claims	Loss Ratio
Pennsylvania			
Historical	9,606,987	4,223,946	44.0%

**Exhibit 2f**  
**Continental General Insurance Company**  
**Policy Forms: 420 Series et al.**  
**Pennsylvania**  
**Base Policy and Riders excluding ROP Rider**  
**Policies With Active Inflation Guard Rider**

**Historical Experience by Loss Year**  
**As of 12/31/2016**

Year	Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	66	0	0.0%
1992	676	0	0.0%
1993	5,565	0	0.0%
1994	13,736	0	0.0%
1995	18,303	0	0.0%
1996	32,782	0	0.0%
1997	88,405	0	0.0%
1998	137,409	286,327	208.4%
1999	189,688	420	0.2%
2000	209,515	0	0.0%
2001	210,149	114,570	54.5%
2002	220,440	125,727	57.0%
2003	239,215	42,858	17.9%
2004	270,386	0	0.0%
2005	282,721	0	0.0%
2006	296,892	0	0.0%
2007	278,668	145,444	52.2%
2008	253,187	64,468	25.5%
2009	244,157	237,894	97.4%
2010	238,083	0	0.0%
2011	250,655	0	0.0%
2012	267,095	0	0.0%
2013	264,594	0	0.0%
2014	252,621	452,939	179.3%
2015	214,462	144,490	67.4%
2016	255,813	319,491	124.9%
Total	4,735,282	1,934,628	40.9%

**Historical Experience by Duration**  
**As of 12/31/2016**

Duration	Earned Premium	Incurred Claims	Loss Ratio
1	268,897	0	0.0%
2	261,426	645	0.2%
3	242,539	286,327	118.1%
4	231,371	420	0.2%
5	213,033	0	0.0%
6	244,241	180,512	73.9%
7	251,644	101,997	40.5%
8	259,902	0	0.0%
9	275,349	0	0.0%
10	280,159	0	0.0%
11	258,687	203,662	78.7%
12	234,159	6,250	2.7%
13	248,507	79	0.0%
14	245,168	238,768	97.4%
15	251,537	270,169	107.4%
16	246,753	73,642	29.8%
17	210,123	93,608	44.5%
18	202,606	128,907	63.6%
19	144,730	13,657	9.4%
20	92,809	320,910	345.8%
21	32,580	3,022	9.3%
22	20,333	3,315	16.3%
23	15,384	7,011	45.6%
24	2,984	1,541	51.6%
25	359	186	51.6%
26	0	0	0.0%
27	0	0	0.0%
28	0	0	0.0%
Total	4,735,282	1,934,628	40.9%

**Present Values at 5%**

	Earned Premium	Incurred Claims	Loss Ratio
Pennsylvania			
Historical	7,788,044	2,955,387	37.9%

**Exhibit 3a**  
**Continental General Insurance Company**  
**Policy Forms: 420 Series et al.**  
**Base Policy and Riders excluding ROP Rider**  
**Policies with and without Active Inflation Guard Rider**  
**Nationwide Experience Before and After Nationwide Rate Increase**  
**As of 12/31/2016**

Historical Experience			
Year	Earned Premium	Incurred Claims	Loss Ratio
1987	181,295	22,801	12.6%
1988	372,801	73,343	19.7%
1989	384,953	102,688	26.7%
1990	357,955	113,515	31.7%
1991	363,911	142,894	39.3%
1992	405,158	187,373	46.2%
1993	673,323	92,086	13.7%
1994	1,215,627	190,663	15.7%
1995	3,213,274	271,135	8.4%
1996	6,986,198	1,470,015	21.0%
1997	12,633,435	2,653,628	21.0%
1998	15,476,583	7,029,710	45.4%
1999	16,521,198	6,478,340	39.2%
2000	17,406,713	5,393,614	31.0%
2001	17,589,072	7,221,521	41.1%
2002	17,550,435	7,987,199	45.5%
2003	17,798,651	17,057,363	95.8%
2004	18,951,524	11,052,741	58.3%
2005	21,665,584	14,221,835	65.6%
2006	22,295,915	11,737,425	52.6%
2007	21,047,119	12,389,313	58.9%
2008	19,902,586	17,286,146	86.9%
2009	18,118,620	17,476,925	96.5%
2010	17,538,157	15,566,892	88.8%
2011	18,072,651	20,744,952	114.8%
2012	18,664,771	22,338,430	119.7%
2013	18,627,855	24,357,539	130.8%
2014	17,822,615	22,520,245	126.4%
2015	15,727,552	21,676,442	137.8%
2016	16,688,815	25,735,070	154.2%

Projected Future Experience Before Nationwide Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio
2017	16,177,206	25,881,296	160.0%
2018	15,072,042	26,836,799	178.1%
2019	13,919,218	27,575,734	198.1%
2020	12,765,997	28,064,111	219.8%
2021	11,646,546	28,259,130	242.6%
2022	10,571,270	28,214,687	266.9%
2023	9,544,411	27,955,087	292.9%
2024	8,570,820	27,495,332	320.8%
2025	7,651,594	26,833,554	350.7%
2026	6,786,214	25,940,177	382.2%
2027	5,969,855	24,831,745	416.0%
2028	5,211,778	23,532,027	451.5%
2029	4,528,199	22,193,603	490.1%
2030	3,910,688	20,815,774	532.3%
2031	3,354,664	19,381,821	577.8%
2032	2,859,831	17,905,384	626.1%
2033	2,421,764	16,400,424	677.2%
2034	2,036,969	14,905,268	731.7%
2035	1,701,051	13,444,463	790.4%
2036	1,409,321	12,005,097	851.8%
2037	1,155,903	10,594,818	916.6%
2038	938,905	9,218,256	981.8%
2039	758,635	7,978,063	1051.6%
2040	608,333	6,814,068	1120.1%
2041	483,660	5,766,773	1192.3%
2042	381,820	4,845,884	1269.2%
2043	299,167	4,043,050	1351.4%
2044	232,533	3,349,219	1440.3%
2045	179,204	2,748,259	1533.6%
2046+	464,253	8,590,275	1850.3%

Projected Future Experience After Nationwide Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio
2017	16,177,206	25,881,296	160.0%
2018	17,008,161	26,671,852	156.8%
2019	23,530,555	26,594,070	113.0%
2020	22,495,194	26,900,877	119.6%
2021	20,604,176	27,026,696	131.2%
2022	18,778,023	26,924,976	143.4%
2023	17,023,556	26,619,818	156.4%
2024	15,349,980	26,126,229	170.2%
2025	13,760,289	25,443,867	184.9%
2026	12,255,007	24,546,998	200.3%
2027	10,824,971	23,453,143	216.7%
2028	9,487,420	22,185,751	233.8%
2029	8,276,603	20,885,418	252.3%
2030	7,176,422	19,544,339	272.3%
2031	6,179,857	18,158,637	293.8%
2032	5,288,773	16,741,325	316.5%
2033	4,495,796	15,304,577	340.4%
2034	3,795,651	13,883,675	365.8%
2035	3,181,374	12,500,982	392.9%
2036	2,645,449	11,144,136	421.3%
2037	2,177,314	9,819,643	451.0%
2038	1,774,175	8,531,650	480.9%
2039	1,438,433	7,373,977	512.6%
2040	1,157,204	6,290,514	543.6%
2041	922,914	5,317,300	576.1%
2042	730,924	4,462,963	610.6%
2043	574,519	3,719,333	647.4%
2044	447,966	3,077,756	687.1%
2045	346,324	2,522,896	728.5%
2046+	906,127	7,860,813	867.5%

**Present Values at 5%**  
Before Nationwide Rate Increase

	Earned Premium	Incurred Claims	Loss Ratio
Nationwide			
Historical	644,646,507	440,254,143	68.3%
Projected Future	111,500,033	328,663,634	294.8%
Lifetime Anticipated	756,146,541	768,917,776	101.7%

**Present Values at 5%**  
After Nationwide Rate Increase

	Earned Premium	Incurred Claims	Loss Ratio
Nationwide			
Historical	644,646,507	440,254,143	68.3%
Projected Future	177,042,885	313,687,753	177.2%
Lifetime Anticipated	821,689,393	753,941,896	91.8%

**Exhibit 3b**  
**Continental General Insurance Company**  
**Policy Forms: 420 Series et al.**  
**Base Policy and Riders excluding ROP Rider**  
**Policies without Active Inflation Guard Rider**  
**Nationwide Experience Before and After Nationwide Rate Increase**  
**As of 12/31/2016**

Historical Experience			
Year	Earned Premium	Incurred Claims	Loss Ratio
1987	181,295	22,801	12.6%
1988	372,801	73,343	19.7%
1989	384,953	102,688	26.7%
1990	357,955	113,515	31.7%
1991	359,234	142,894	39.8%
1992	374,281	187,373	50.1%
1993	574,749	70,906	12.3%
1994	965,013	153,040	15.9%
1995	2,396,699	240,442	10.0%
1996	4,949,584	1,232,378	24.9%
1997	8,651,095	2,506,148	29.0%
1998	10,426,084	5,509,813	52.8%
1999	11,003,273	4,997,264	45.4%
2000	11,424,224	4,140,460	36.2%
2001	11,474,202	5,964,672	52.0%
2002	11,555,508	6,260,140	54.2%
2003	11,513,309	13,041,970	113.3%
2004	12,145,611	8,125,306	66.9%
2005	13,630,313	11,138,314	81.7%
2006	13,844,778	9,643,709	69.7%
2007	12,871,872	9,210,712	71.6%
2008	11,784,153	11,523,663	97.8%
2009	10,717,048	11,557,807	107.8%
2010	10,129,051	8,986,153	88.7%
2011	10,100,328	11,892,065	117.7%
2012	10,168,724	12,043,295	118.4%
2013	9,796,381	11,622,049	118.6%
2014	9,030,680	10,468,254	115.9%
2015	7,241,748	11,728,892	162.0%
2016	7,732,759	9,990,918	129.2%

Projected Future Experience Before Nationwide Rate Increase				Projected Future Experience After Nationwide Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio	Year	Earned Premium	Incurred Claims	Loss Ratio
2017	7,271,978	11,128,971	153.0%	2017	7,271,978	11,128,971	153.0%
2018	6,603,171	10,971,607	166.2%	2018	7,054,785	10,913,099	154.7%
2019	5,946,239	10,716,392	180.2%	2019	8,109,922	10,388,649	128.1%
2020	5,316,986	10,360,526	194.9%	2020	7,432,754	9,994,791	134.5%
2021	4,725,955	9,897,949	209.4%	2021	6,606,536	9,533,612	144.3%
2022	4,173,689	9,358,116	224.2%	2022	5,834,509	9,000,949	154.3%
2023	3,662,582	8,773,839	239.6%	2023	5,120,018	8,427,468	164.6%
2024	3,193,645	8,153,723	255.3%	2024	4,464,479	7,821,727	175.2%
2025	2,765,681	7,515,746	271.8%	2025	3,866,218	7,200,858	186.3%
2026	2,376,470	6,847,823	288.2%	2026	3,322,130	6,553,302	197.3%
2027	2,024,324	6,182,956	305.4%	2027	2,829,855	5,910,403	208.9%
2028	1,711,912	5,529,238	323.0%	2028	2,393,127	5,280,193	220.6%
2029	1,438,604	4,918,261	341.9%	2029	2,011,061	4,691,793	233.3%
2030	1,201,258	4,351,154	362.2%	2030	1,679,270	4,144,847	246.8%
2031	996,442	3,825,505	383.9%	2031	1,392,953	3,639,036	261.2%
2032	820,533	3,330,919	405.9%	2032	1,147,045	3,164,433	275.9%
2033	670,826	2,873,041	428.3%	2033	937,765	2,726,081	290.7%
2034	544,567	2,459,734	451.7%	2034	761,265	2,331,167	306.2%
2035	438,791	2,093,160	477.0%	2035	613,397	1,981,493	323.0%
2036	350,510	1,761,113	502.4%	2036	489,987	1,665,452	339.9%
2037	277,320	1,463,956	527.9%	2037	387,673	1,383,084	356.8%
2038	217,870	1,205,793	553.4%	2038	304,567	1,138,140	373.7%
2039	169,947	986,699	580.6%	2039	237,574	930,527	391.7%
2040	131,744	801,469	608.4%	2040	184,168	755,259	410.1%
2041	101,413	641,178	632.2%	2041	141,769	603,810	425.9%
2042	77,429	506,803	654.5%	2042	108,240	476,974	440.7%
2043	58,658	396,635	676.2%	2043	82,000	373,077	455.0%
2044	44,064	308,355	699.8%	2044	61,598	289,884	470.6%
2045	32,799	237,152	723.1%	2045	45,850	222,836	486.0%
2046+	75,918	585,877	771.7%	2046+	106,128	549,904	518.2%

**Present Values at 5%**  
Before Nationwide Rate Increase

**Present Values at 5%**  
After Nationwide Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio	Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	402,588,045	289,396,811	71.9%	Historical	402,588,045	289,396,811	71.9%
Projected Future	43,867,467	97,062,882	221.3%	Projected Future	56,297,873	93,930,569	166.8%
Lifetime Anticipated	446,455,511	386,459,693	86.6%	Lifetime Anticipated	458,885,918	383,327,380	83.5%

**Exhibit 3c**  
**Continental General Insurance Company**  
**Policy Forms: 420 Series et al.**  
**Base Policy and Riders excluding ROP Rider**  
**Policies with Active Inflation Guard Rider**  
**Nationwide Experience Before and After Nationwide Rate Increase**  
**As of 12/31/2016**

Historical Experience			
Year	Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	4,677	0	0.0%
1992	30,877	0	0.0%
1993	98,574	21,180	21.5%
1994	250,615	37,623	15.0%
1995	816,575	30,693	3.8%
1996	2,036,613	237,637	11.7%
1997	3,982,341	147,480	3.7%
1998	5,050,499	1,519,897	30.1%
1999	5,517,925	1,481,076	26.8%
2000	5,982,489	1,253,154	20.9%
2001	6,114,870	1,256,849	20.6%
2002	5,994,927	1,727,059	28.8%
2003	6,285,341	4,015,393	63.9%
2004	6,805,913	2,927,435	43.0%
2005	8,035,271	3,083,520	38.4%
2006	8,451,137	2,093,717	24.8%
2007	8,175,247	3,178,601	38.9%
2008	8,118,433	5,762,483	71.0%
2009	7,401,572	5,919,119	80.0%
2010	7,409,106	6,580,739	88.8%
2011	7,972,323	8,852,887	111.0%
2012	8,496,046	10,295,135	121.2%
2013	8,831,475	12,735,490	144.2%
2014	8,791,936	12,051,992	137.1%
2015	8,485,804	9,947,550	117.2%
2016	8,956,056	15,744,152	175.8%

Projected Future Experience Before Nationwide Rate Increase				Projected Future Experience After Nationwide Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio	Year	Earned Premium	Incurred Claims	Loss Ratio
2017	8,905,229	14,752,324	165.7%	2017	8,905,229	14,752,324	165.7%
2018	8,468,871	15,865,192	187.3%	2018	9,953,376	15,758,752	158.3%
2019	7,972,979	16,859,342	211.5%	2019	15,420,633	16,205,421	105.1%
2020	7,449,010	17,703,584	237.7%	2020	15,062,441	16,906,086	112.2%
2021	6,920,591	18,361,181	265.3%	2021	13,997,640	17,493,083	125.0%
2022	6,397,581	18,856,572	294.7%	2022	12,943,514	17,924,028	138.5%
2023	5,881,830	19,181,248	326.1%	2023	11,903,538	18,192,350	152.8%
2024	5,377,175	19,341,609	359.7%	2024	10,885,501	18,304,502	168.2%
2025	4,885,913	19,317,808	395.4%	2025	9,894,072	18,243,009	184.4%
2026	4,409,744	19,092,354	433.0%	2026	8,932,877	17,993,696	201.4%
2027	3,945,531	18,648,788	472.7%	2027	7,995,116	17,542,740	219.4%
2028	3,499,866	18,002,789	514.4%	2028	7,094,293	16,905,558	238.3%
2029	3,089,595	17,275,342	559.1%	2029	6,265,542	16,193,625	258.5%
2030	2,709,430	16,464,620	607.7%	2030	5,497,152	15,399,492	280.1%
2031	2,358,221	15,556,316	659.7%	2031	4,786,904	14,519,601	303.3%
2032	2,039,298	14,574,464	714.7%	2032	4,141,728	13,576,892	327.8%
2033	1,750,938	13,527,383	772.6%	2033	3,558,031	12,578,496	353.5%
2034	1,492,401	12,445,535	833.9%	2034	3,034,386	11,552,508	380.7%
2035	1,262,260	11,351,302	899.3%	2035	2,567,977	10,519,488	409.6%
2036	1,058,811	10,243,985	967.5%	2036	2,155,462	9,478,684	439.8%
2037	878,582	9,130,862	1039.3%	2037	1,789,641	8,436,559	471.4%
2038	721,035	8,012,463	1111.2%	2038	1,469,608	7,393,510	503.1%
2039	588,687	6,991,364	1187.6%	2039	1,200,859	6,443,449	536.6%
2040	476,590	6,012,599	1261.6%	2040	973,036	5,535,255	568.9%
2041	382,246	5,125,595	1340.9%	2041	781,145	4,713,490	603.4%
2042	304,390	4,339,082	1425.5%	2042	622,684	3,985,989	640.1%
2043	240,509	3,646,415	1516.1%	2043	492,520	3,346,256	679.4%
2044	188,469	3,040,865	1613.5%	2044	386,368	2,787,872	721.6%
2045	146,406	2,511,107	1715.2%	2045	300,474	2,300,059	765.5%
2046+	388,335	8,004,398	2061.2%	2046+	799,999	7,310,909	913.9%

**Present Values at 5%**  
Before Nationwide Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	242,058,463	150,857,332	62.3%
Projected Future	67,632,566	231,600,752	342.4%
Lifetime Anticipated	309,691,029	382,458,084	123.5%

**Present Values at 5%**  
After Nationwide Rate Increase

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	242,058,463	150,857,332	62.3%
Projected Future	120,745,012	219,757,184	182.0%
Lifetime Anticipated	362,803,475	370,614,516	102.2%

**Exhibit 3d**  
**Continental General Insurance Company**  
**Policy Forms: 420 Series et al.**  
**Base Policy and Riders excluding ROP Rider**  
**Policies with and without Active Inflation Guard Rider**  
**Pennsylvania Experience Before and After Pennsylvania Justified Rate Increase**  
**As of 12/31/2016**

Year	Historical Experience		
	Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	243	0	0.0%
1992	861	0	0.0%
1993	19,021	0	0.0%
1994	45,989	0	0.0%
1995	75,934	0	0.0%
1996	127,412	0	0.0%
1997	243,794	0	0.0%
1998	376,178	286,327	76.1%
1999	476,653	503	0.1%
2000	515,299	102,234	19.8%
2001	514,784	197,221	38.3%
2002	545,291	314,674	57.7%
2003	560,291	374,083	66.8%
2004	626,466	269,755	43.1%
2005	641,781	36,106	5.6%
2006	639,007	137,866	21.6%
2007	601,436	365,921	60.8%
2008	535,254	223,152	41.7%
2009	490,856	542,939	110.6%
2010	484,320	862	0.2%
2011	461,819	99,509	21.5%
2012	478,941	0	0.0%
2013	455,087	3,208	0.7%
2014	425,987	873,481	205.0%
2015	332,616	321,310	96.6%
2016	440,169	490,128	111.3%

Projected Future Experience Before Pennsylvania Justified Rate Increase				Projected Future Experience After Pennsylvania Justified Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio	Year	Earned Premium	Incurred Claims	Loss Ratio
2017	434,179	569,417	131.1%	2017	434,179	569,417	131.1%
2018	413,774	588,010	142.1%	2018	464,948	584,375	125.7%
2019	386,769	599,337	155.0%	2019	644,079	578,944	89.9%
2020	354,623	606,561	171.0%	2020	615,336	583,086	94.8%
2021	323,259	606,439	187.6%	2021	563,494	582,117	103.3%
2022	292,819	599,838	204.8%	2022	512,686	575,052	112.2%
2023	263,893	585,151	221.7%	2023	464,014	560,221	120.7%
2024	236,740	569,679	240.6%	2024	418,052	544,619	130.3%
2025	211,399	553,807	262.0%	2025	374,832	528,564	141.0%
2026	187,751	534,571	284.7%	2026	334,238	509,337	152.4%
2027	165,740	510,667	308.1%	2027	296,131	485,805	164.1%
2028	145,315	479,716	330.1%	2028	260,504	455,709	174.9%
2029	126,663	448,513	354.1%	2029	227,792	425,464	186.8%
2030	110,111	421,951	383.2%	2030	198,672	399,521	201.1%
2031	95,292	396,281	415.9%	2031	172,479	374,571	217.2%
2032	81,902	371,250	453.3%	2032	148,648	350,281	235.6%
2033	70,010	342,090	488.6%	2033	127,374	322,251	253.0%
2034	59,569	313,073	525.6%	2034	108,645	294,488	271.1%
2035	50,385	283,228	562.1%	2035	92,106	266,113	288.9%
2036	42,311	251,528	594.5%	2036	77,526	236,101	304.5%
2037	35,237	222,163	630.5%	2037	64,700	208,345	322.0%
2038	29,075	194,115	667.6%	2038	53,491	181,875	340.0%
2039	23,796	169,038	710.4%	2039	43,869	158,255	360.7%
2040	19,321	144,467	747.7%	2040	35,703	135,170	378.6%
2041	15,538	119,972	772.1%	2041	28,784	112,197	389.8%
2042	12,331	97,900	793.9%	2042	22,896	91,524	399.7%
2043	9,670	79,188	818.9%	2043	17,998	74,020	411.3%
2044	7,510	63,700	848.2%	2044	14,017	59,543	424.8%
2045	5,760	50,251	872.4%	2045	10,782	46,970	435.6%
2046+	13,840	126,923	917.1%	2046+	26,189	118,722	453.3%

**Present Values at 5%**  
Before Pennsylvania Justified Rate Increase

Pennsylvania	Earned Premium	Incurred Claims	Loss Ratio
Historical	17,395,031	7,179,332	41.3%
Projected Future	3,088,841	6,920,054	224.0%
Lifetime Anticipated	20,483,872	14,099,386	68.8%

**Present Values at 5%**  
After Pennsylvania Justified Rate Increase

Pennsylvania	Earned Premium	Incurred Claims	Loss Ratio
Historical	17,395,031	7,179,332	41.3%
Projected Future	4,854,118	6,643,942	136.9%
Lifetime Anticipated	22,249,149	13,823,274	62.1%

**Exhibit 3e**  
**Continental General Insurance Company**  
**Policy Forms: 420 Series et al.**  
**Base Policy and Riders excluding ROP Rider**  
**Policies without Active Inflation Guard Rider**  
**Pennsylvania Experience Before and After Pennsylvania Justified Rate Increase**  
**As of 12/31/2016**

Year	Historical Experience		
	Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	178	0	0.0%
1992	185	0	0.0%
1993	13,457	0	0.0%
1994	32,254	0	0.0%
1995	57,631	0	0.0%
1996	94,630	0	0.0%
1997	155,389	0	0.0%
1998	238,769	0	0.0%
1999	286,965	83	0.0%
2000	305,784	102,234	33.4%
2001	304,635	82,652	27.1%
2002	324,851	188,948	58.2%
2003	321,077	331,225	103.2%
2004	356,081	269,755	75.8%
2005	359,060	36,106	10.1%
2006	342,114	137,866	40.3%
2007	322,767	220,477	68.3%
2008	282,068	158,684	56.3%
2009	246,699	305,045	123.7%
2010	246,236	862	0.4%
2011	211,164	99,509	47.1%
2012	211,846	0	0.0%
2013	190,494	3,208	1.7%
2014	173,366	420,542	242.6%
2015	118,154	176,820	149.7%
2016	184,356	170,636	92.6%

Projected Future Experience Before Pennsylvania Justified Rate Increase				Projected Future Experience After Pennsylvania Justified Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio	Year	Earned Premium	Incurred Claims	Loss Ratio
2017	180,462	227,986	126.3%	2017	180,462	227,986	126.3%
2018	168,228	225,794	134.2%	2018	176,104	224,812	127.7%
2019	153,187	221,951	144.9%	2019	191,342	216,511	113.2%
2020	136,847	215,416	157.4%	2020	174,122	209,309	120.2%
2021	121,304	205,868	169.7%	2021	154,345	199,668	129.4%
2022	106,884	196,249	183.6%	2022	135,997	189,994	139.7%
2023	93,694	186,206	198.7%	2023	119,214	179,969	151.0%
2024	81,665	176,465	216.1%	2024	103,909	170,300	163.9%
2025	70,869	165,938	234.1%	2025	90,172	159,909	177.3%
2026	61,143	155,134	253.7%	2026	77,797	149,296	191.9%
2027	52,530	143,999	274.1%	2027	66,839	138,423	207.1%
2028	44,899	130,900	291.5%	2028	57,128	125,725	220.1%
2029	38,171	118,765	311.1%	2029	48,568	113,979	234.7%
2030	32,310	108,454	335.7%	2030	41,110	103,986	252.9%
2031	27,226	99,340	364.9%	2031	34,641	95,163	274.7%
2032	22,858	90,055	394.0%	2032	29,085	86,202	296.4%
2033	19,125	80,525	421.0%	2033	24,334	77,028	316.5%
2034	15,915	72,165	453.4%	2034	20,250	68,992	340.7%
2035	13,176	64,625	490.5%	2035	16,765	61,757	368.4%
2036	10,827	55,667	514.1%	2036	13,776	53,181	386.0%
2037	8,837	47,431	536.7%	2037	11,244	45,302	402.9%
2038	7,156	40,047	559.6%	2038	9,105	38,241	420.0%
2039	5,740	34,050	593.2%	2039	7,304	32,508	445.1%
2040	4,550	28,505	626.5%	2040	5,789	27,213	470.1%
2041	3,566	22,977	644.4%	2041	4,537	21,937	483.5%
2042	2,762	18,300	662.5%	2042	3,515	17,475	497.2%
2043	2,112	14,371	680.5%	2043	2,687	13,727	510.9%
2044	1,591	11,150	700.8%	2044	2,024	10,655	526.3%
2045	1,180	8,479	718.6%	2045	1,501	8,107	540.0%
2046+	2,471	18,997	768.9%	2046+	3,144	18,216	579.4%

**Present Values at 5%**  
Before Pennsylvania Justified Rate Increase

Pennsylvania	Earned Premium	Incurred Claims	Loss Ratio
Historical	9,606,987	4,223,946	44.0%
Projected Future	1,129,119	2,155,836	190.9%
Lifetime Anticipated	10,736,106	6,379,782	59.4%

**Present Values at 5%**  
After Pennsylvania Justified Rate Increase

Pennsylvania	Earned Premium	Incurred Claims	Loss Ratio
Historical	9,606,987	4,223,946	44.0%
Projected Future	1,350,270	2,095,141	155.2%
Lifetime Anticipated	10,957,257	6,319,087	57.7%

**Exhibit 3f**  
**Continental General Insurance Company**  
**Policy Forms: 420 Series et al.**  
**Base Policy and Riders excluding ROP Rider**  
**Policies with Active Inflation Guard Rider**  
**Pennsylvania Experience Before and After Pennsylvania Justified Rate Increase**  
**As of 12/31/2016**

Historical Experience			
Year	Earned Premium	Incurred Claims	Loss Ratio
1987	0	0	0.0%
1988	0	0	0.0%
1989	0	0	0.0%
1990	0	0	0.0%
1991	66	0	0.0%
1992	676	0	0.0%
1993	5,565	0	0.0%
1994	13,736	0	0.0%
1995	18,303	0	0.0%
1996	32,782	0	0.0%
1997	88,405	0	0.0%
1998	137,409	286,327	208.4%
1999	189,688	420	0.2%
2000	209,515	0	0.0%
2001	210,149	114,570	54.5%
2002	220,440	125,727	57.0%
2003	239,215	42,858	17.9%
2004	270,386	0	0.0%
2005	282,721	0	0.0%
2006	296,892	0	0.0%
2007	278,668	145,444	52.2%
2008	253,187	64,468	25.5%
2009	244,157	237,894	97.4%
2010	238,083	0	0.0%
2011	250,655	0	0.0%
2012	267,095	0	0.0%
2013	264,594	0	0.0%
2014	252,621	452,939	179.3%
2015	214,462	144,490	67.4%
2016	255,813	319,491	124.9%

Projected Future Experience Before Pennsylvania Justified Rate Increase				Projected Future Experience After Pennsylvania Justified Rate Increase			
Year	Earned Premium	Incurred Claims	Loss Ratio	Year	Earned Premium	Incurred Claims	Loss Ratio
2017	253,718	341,432	134.6%	2017	253,718	341,432	134.6%
2018	245,546	362,217	147.5%	2018	288,844	359,563	124.5%
2019	233,581	377,387	161.6%	2019	452,737	362,433	80.1%
2020	217,775	391,145	179.6%	2020	441,214	373,777	84.7%
2021	201,955	400,571	198.3%	2021	409,149	382,449	93.5%
2022	185,935	403,589	217.1%	2022	376,689	385,058	102.2%
2023	170,199	398,945	234.4%	2023	344,800	380,251	110.3%
2024	155,075	393,214	253.6%	2024	314,143	374,319	119.2%
2025	140,530	387,869	276.0%	2025	284,660	368,655	129.5%
2026	126,608	379,437	299.7%	2026	256,441	360,041	140.4%
2027	113,210	366,668	323.9%	2027	229,292	347,382	151.5%
2028	100,416	348,816	347.4%	2028	203,376	329,983	162.3%
2029	88,492	329,748	372.6%	2029	179,225	311,485	173.8%
2030	77,801	313,497	402.9%	2030	157,562	295,536	187.6%
2031	68,066	296,941	436.3%	2031	137,837	279,407	202.7%
2032	59,044	281,195	476.2%	2032	119,563	264,080	220.9%
2033	50,885	261,565	514.0%	2033	103,040	245,224	238.0%
2034	43,654	240,908	551.9%	2034	88,395	225,495	255.1%
2035	37,209	218,603	587.5%	2035	75,342	204,356	271.2%
2036	31,484	195,862	622.1%	2036	63,749	182,920	286.9%
2037	26,400	174,732	661.9%	2037	53,456	163,043	305.0%
2038	21,919	154,068	702.9%	2038	44,386	143,635	323.6%
2039	18,055	134,989	747.6%	2039	36,565	125,747	343.9%
2040	14,771	115,963	785.1%	2040	29,914	107,957	360.9%
2041	11,972	96,995	810.2%	2041	24,247	90,259	372.2%
2042	9,568	79,600	831.9%	2042	19,381	74,049	382.1%
2043	7,558	64,817	857.6%	2043	15,311	60,293	393.8%
2044	5,919	52,550	887.8%	2044	11,993	48,888	407.6%
2045	4,580	41,772	912.0%	2045	9,281	38,863	418.8%
2046+	11,369	107,926	949.3%	2046+	23,045	100,506	436.1%

**Present Values at 5%**  
Before Pennsylvania Justified Rate Increase

Pennsylvania	Earned Premium	Incurred Claims	Loss Ratio
Historical	7,788,044	2,955,387	37.9%
Projected Future	1,959,722	4,764,217	243.1%
Lifetime Anticipated	9,747,766	7,719,604	79.2%

**Present Values at 5%**  
After Pennsylvania Justified Rate Increase

Pennsylvania	Earned Premium	Incurred Claims	Loss Ratio
Historical	7,788,044	2,955,387	37.9%
Projected Future	3,503,848	4,548,801	129.8%
Lifetime Anticipated	11,291,893	7,504,187	66.5%